RI SOS Filing Number: 202193499900 Date: 3/1/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
MAR 01 2021
BY 153

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
1667827	**SGC Publications Inc**

3. Principal Office Address	City	State	Zip
42 Maplewood Ave	**Westerly**	**RI**	**02891**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
511199	**Directory and Mailing Publications**
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Sarah G Cooper	**42 Maplewood Ave**	**Westerly**	**RI**	**02891**

Vice-President Name	Street Address	City	State	Zip
Sarah G Cooper	**42 Maplewood Ave**	**Westerly**	**RI**	**02891**

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**1000**	**CNP**	**0.00**

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Sarah G Cooper	**2/6/2020**

Signature of Authorized Representative

SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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