



State of Rhode Island
Department of State - Business Services Division

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.

RECEIVED STAMP
 R.I. DEPT. OF STATE
 BUS SVCS DIV.
 2021 NOV 16 AM 10:30

1. Entity ID Number 001696243		2. Exact name of the Corporation Sea-Dar Enterprises, Inc.			
3. Principal Office Address 580 Harrison Avenue Suite 4W			City Boston	State MA	Zip 02118
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island General Contractor			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jean Abouhamad			Vice-President Name Antoine Salem		
Street Address 143 Tappan Street			Street Address 118 Oak Hill Street		
City Brookline	State MA	Zip 02445	City Newton	State MA	Zip 02459
Secretary Name Jean Abouhamad			Treasurer Name Joseph V Scarfo, CPA		
Street Address 143 Tappan Street			Street Address 174 Lincoln Street		
City Brookline	State MA	Zip 02445	City Winthrop	State MA	Zip 02152
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jean Abouhamad			Director Name		
Street Address 143 Tappan Street			Street Address		
City Brookline	State MA	Zip 02445	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200,000		CWP	0.0100
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 Joseph V Scarfo, CPA				Date 11/15/2021	
Signature of Authorized Representative CPA CFO					

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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