



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2023**
Corporation

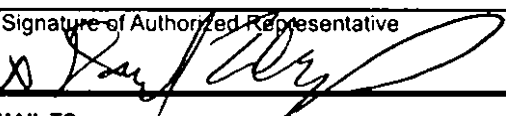
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAR 29 A 8:44

1. Entity ID Number 000018982		2. Exact name of the Corporation SAO Realty Company					
3. Principal Office Address 2447 Pawtucket Ave		City East Providence		State RI	Zip 02914		
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Hold Realty					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name David Rodrigues			Vice-President Name Kathleen Rodrigues				
Street Address PO Box 14529			Street Address PO Box 14529				
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914		
Secretary Name Helen Brasil			Treasurer Name Helen Brasil				
Street Address PO Box 14529			Street Address PO Box 14529				
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	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
			100			common	no par value
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 David Rodrigues					Date 3/3/23		
Signature of Authorized Representative 							

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 29 2023

BY ML 4435

FORM 630 - Revised: 2/2023