



State of Rhode Island

Department of State - Business Services Division

FILED

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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BY 8045
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1. Entity ID Number 30988		2. Exact name of the Corporation SPECIALTY ADVERTISING PRODUCTS, INC.					
3. Principal Office Address 638 Great Road			City No. Smithfield	State RI	Zip 02896		
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To maintain and operate a Real Estate Office.					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
President Name Normand Jolicoeur			Vice-President Name Barbara Jolicoeur				
Street Address 85 Manley Drive			Street Address 85 Manley Drive				
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859		
Secretary Name Barbara Jolicoeur			Treasurer Name Normand Jolicoeur				
Street Address 85 Manley Drive			Street Address 85 Manley Drive				
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859		
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		
This information is currently of record in the Department of State. Changes require an additional filing.					Check the box to indicate an attachment <input type="checkbox"/>		
					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 Normand Jolicoeur, President					Date March 14, 2023		
Signature of Authorized Representative 							

MAIL TO:

Division of Business Services

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