



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.

FILED
APR 07 2023
 BY 8644
DS

1. Entity ID Number 486188		2. Exact name of the Corporation S&S ENTERPRISES, INC.			
3. Principal Office Address 74 BROAD STREET			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island AUTOMOBILE REPAIRS AND INSPECTIONS			
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 STEVEN SAAD			Vice-President Name RICO VALENTIN		
Street Address 133 VICTORY HIGHWAY			Street Address 21 SPRING STREET		
City MAPLEVILLE	State RI	Zip 02839	City LINCOLN	State RI	Zip 02865
Secretary Name			Treasurer Name AIMEE SAAD		
Street Address			Street Address 133 VICTORY HIGHWAY		
City	State	Zip	City MAPLEVILLE	State RI	Zip 02839
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN SAAD			Director Name RICO VALENTIN		
Street Address 133 VICTORY HIGHWAY			Street Address 21 SPRING STREET		
City MAPLEVILLE	State RI	Zip 02839	City LINCOLN	State RI	Zip 02865
Director Name AIMEE SAAD			Director Name		
Street Address 133 VICTORY HIGHWAY			Street Address		
City MAPLEVILLE	State RI	Zip 02839	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
			500	COMMON	.01
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 STEVEN SAAD					Date 4/5/23
Signature of Authorized Representative 					

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