RI SOS Filing Number: 202336680770 Date: 6/8/2023 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2023 Corporation

JUN 0 8 2023 4793

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

7 Totally, Additional \$25.								
1. Entity ID Number		2. Exact name of the Corporation S.A.S. Global, Inc.						
000941749	5.A.S. G	iopai, inc.						
Principal Office Address			City		State	Zip		
One Jack Pine Road			Coventry		RI	02816		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
423810	Distribution	Distribution, sales and leasing of construction equipment accessories.						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and	l addresses)				k the box to in	ndicate an attachment 🔲		
President Name Amy Lague			j	Vice-President Name John Matthews				
Street Address One Jack Pine Road			Street Address One Jack Pine Road					
City Coventry	State RI	Zip <b>02816</b>	City Coventry		State RI	<sup>Zip</sup> <b>02816</b>		
Secretary Name Amy Lague			Treasurer Na	Treasurer Name Army Lague				
Street Address One Jack Pine Road				Street Address One Jack Pine Road				
City Coventry	State RI	<sup>Zip</sup> 02816	City Coventry		State RI	<sup>Zip</sup> 02816		
8. List ALL directors (names ar	nd addresses)				k the box to in	ndicate an attachment		
Director Name None			Director Nam	e				
Street Address			Street Addres	Street Address				
City	State	Zip	City		State	Zip		
Director Name			Director Nam	Director Name				
Street Address			Street Addres	Street Address				
			1					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Is		Check	k the box to in	ndicate an attachment 🔲		
This information is currently of a	record in the	NUMBER (	F SHARES	CLASS/SERIES		PAR VALUE		
Department of State.		100		Common		\$0.01 par value		
Changes require an additional fi	iling.		<del> </del>					
11. This report must be execute	ed on behalf of the	corporation by an	authorized repre	.L esentative. If the corp	oration is in t	he hands of a receiver or		
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 de				including any acco	mpanying s	chedules and		
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date								
Amy Lague, President 4/30/23								
Signature of Authorized Repre-	sentative	ان ن ن	/Content conv		<del></del>			
IMUI /	acu							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov