



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 OCT 18 1:30

1. Entity ID Number 001729673		2. Exact name of the Corporation saucier inc			
3. Principal Office Address 1395 atwood avenue suite 109			City johnston	State ri	Zip 02919
4. NAICS Code 458110		6. Brief description of the character of business conducted in Rhode Island law enforcement uniforms , first responders			
5. State of Incorporation ri					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name scot saucier			Vice-President Name none		
Street Address 173 vineyard rd			Street Address		
City warwick	State ri	Zip 02889	City	State	Zip
Secretary Name same			Treasurer Name		
Street Address same			Street Address		
City same	State same	Zip same	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name scot saucier			Director Name none		
Street Address 173 vineyard rd			Street Address		
City warwick	State ri	Zip 02889	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		
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 scot saucier				Date 10/18/23	
Signature of Authorized Representative <i>scot saucier</i>					

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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BY

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