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**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

1. Entity ID Number 83174		2. Exact name of the Corporation SACL, Inc.			
3. Principal Office Address c/o Chapel Sweets, 92 Woodside Drive			City No. Providence	State RI	Zip 02904
4. NAICS Code 722310		6. Brief description of the character of business conducted in Rhode Island to engage in the business of the sale of food and related provisions			
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 Christine C. Bourgeois			Vice-President Name Christine C. Bourgeois		
Street Address 92 Woodside Drive			Street Address 92 Woodside Drive		
City No. Providence	State RI	Zip 02904	City No. Providence	State RI	Zip 02904
Secretary Name Christine C. Bourgeois			Treasurer Name Christine C. Bourgeois		
Street Address 92 Woodside Drive			Street Address 92 Woodside Drive		
City No. Providence	State RI	Zip 02904	City No. Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christine C. Bourgeois			Director Name		
Street Address 92 Woodside Drive			Street Address		
City No. Providence	State RI	Zip 02904	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		PAR VALUE
			300	Common	\$1.00
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 Alicia E. Cawley, Assistant Secretary				Date 1/28/2024	
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

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