



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

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| | | | | | |
|--|-------------|---|---|---------------------|-------------------|
| 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 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. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARE'S 300 | CLASS/SERIES Common | PAR VALUE \$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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FORM 630- Revised 12/2023