



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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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FOR SECRETARY OF STATE
USE ONLY
TAMP

1. Entity ID Number 000096270		2. Exact name of the Corporation S.G. ASSOCIATES, INC.			
3. Principal Office Address 41 RHODE ISLAND AVENUE			City WARWICK	State RI	Zip 02889
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island MANAGEMENT COMPANY AND HOLDER OF INTELLECTUALS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID M. GRAVINO			Vice-President Name MARY ANN SOARES		
Street Address 41 RHODE ISLAND AVENUE			Street Address 9 WHILSHIRE LANE		
City WARWICK	State RI	Zip 02889	City CRANSTON	State RI	Zip 02921
Secretary Name MARY ANN SOARES			Treasurer Name DAVID M. GRAVINO		
Street Address 9 WHILSHIRE LANE			Street Address 41 RHODE ISLAND AVENUE		
City CRANSTON	State RI	Zip 02921	City WARWICK	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID M. GRAVINO			Director Name MARY ANN SOARES		
Street Address 41 RHODE ISLAND AVENUE			Street Address 9 WHILSHIRE LANE		
City WARWICK	State RI	Zip 02889	City CRANSTON	State RI	Zip 02921
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		
			400	COMMON	NONE
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 DAVID M. GRAVINO			FILED		Date 3/8/2024
Signature of Authorized Representative			MAR 12 2024 FJZYR		

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov