



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.

1. Entity ID Number 000018982		2. Exact name of the Corporation SAO Realty Company				
3. Principal Office Address 2447 Pawtucket Ave			City East Providence		State RI	Zip 02914
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Holds Realty				
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 Rodrigues			Vice-President Name Kathleen Rodrigues			
Street Address 126 Birch Swamp Rd			Street Address PO Box 14529			
City Warren	State RI	Zip 02885	City East Providence	State RI	Zip 02914	
Secretary Name Helen Brasil			Treasurer Name Helen Brasil			
Street Address 126 Birch Swamp Rd			Street Address 126 Birch Swamp Rd			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	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 SHARES CLASS/SERIES PAR VALUE			
			100	Common	no 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 David Rodrigues					Date	
Signature of Authorized Representative					FILED	