|  | State of Rhode   | leland                             | Fee: \$50.00                          |  |  |  |  |  |
|--|--|------------------------------------|---------------------------------------|--|--|--|--|--|
|  | Office of the Secreta  |                                    | Fee. \$50.00                          |  |  |  |  |  |
| Division Of Business Services  |  |                                    |                                       |  |  |  |  |  |
|  | 148 W. River Street  |                                    |                                       |  |  |  |  |  |
|  | Providence RI 029  | 04-2615                            |                                       |  |  |  |  |  |
| 1636   | (401) 222-30   | 40                                 |                                       |  |  |  |  |  |
| Foreign Business Corpora   | tion   |                                    |                                       |  |  |  |  |  |
| Annual Report<br>Filing Period: February 1 - May   | 1  |                                    |                                       |  |  |  |  |  |
|  |  |                                    |                                       |  |  |  |  |  |
|  | In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law |                                    |                                       |  |  |  |  |  |
| (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.   |  |                                    |                                       |  |  |  |  |  |
| ANNUAL REPORT YEAR - ENT   | ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024   |                                    |                                       |  |  |  |  |  |
| 1. Corporate ID No. 00166  | 3201   |                                    |                                       |  |  |  |  |  |
| 2. Name of Corporation Sarer   | ns USA, Inc.   |                                    |                                       |  |  |  |  |  |
| 3. Street Address Principal B  | usiness Office:  |                                    |                                       |  |  |  |  |  |
| No. and Street: 10855 JOH  | N RALSTON ROAD   |                                    |                                       |  |  |  |  |  |
| City or Town: HOUSTON  | [  | State: <u>TX</u> Zip: <u>77044</u> | Country: <u>USA</u>                   |  |  |  |  |  |
| 4. Business Phone No.  |  |                                    |                                       |  |  |  |  |  |
| 5. State of Incorporation  |  |                                    |                                       |  |  |  |  |  |
| State: <u>CA</u>   |  |                                    |                                       |  |  |  |  |  |
|  | NAICS CODE   |                                    |                                       |  |  |  |  |  |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. |  |                                    |                                       |  |  |  |  |  |
| <u>237990</u>  |  |                                    |                                       |  |  |  |  |  |
| 6. Brief Description of the Character of Business Conducted in Rhode Island  |  |                                    |                                       |  |  |  |  |  |
|  |  |                                    |                                       |  |  |  |  |  |
| GENERAL ENGINEERING CONTRACTOR   |  |                                    |                                       |  |  |  |  |  |
| 7. Names and Addresses of the Officers and Directors:  |  |                                    |                                       |  |  |  |  |  |
| All officers and directors must be listed.   |  |                                    |                                       |  |  |  |  |  |
| Title  | Individual Name  | Addres                             | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |
|  | First, Middle, Last, Suffix  | Address, City or Town, State       | e, Zip Code, Country                  |  |  |  |  |  |

| PRESIDENT | LEE ROWE               | 10855 JOHN RALSTON RD<br>HOUSTON, TX 77044 USA   |
|-----------|------------------------|--|
| TREASURER | MARTIJN A. J. DEKIJNDT | 10855 JOHN RALSTON RD<br>HOUSTON, TX 77044 USA   |
| SECRETARY | STEVEN SARENS          | 10855 JOHN RALSTON ROAD<br>HOUSTON, TX 77044 USA |
| DIRECTOR  | STEVEN SARENS          | 10855 JOHN RALSTON RD<br>HOUSTON, TX 77044 USA   |
| DIRECTOR  | WIM SARENS             | AUTOWEG 10<br>WOLVERTEM, 1861 BE                 |
| DIRECTOR  | LEE ROWE               | 10855 JOHN RALSTON RD<br>HOUSTON, TX 77044 USA   |

## 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per<br>Share | Total Authorized<br>Shares<br>Number of Shares | Total Issued<br>and<br>Outstanding<br><i>Num of</i><br><i>Shares</i> |
|----------------|-----------------|------------------------|--|--|
| CNP            |                 | \$0.0000               | 1,500,000.00                                   | 530000   |

9. 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.

**Signed this 29 Day of April, 2024 at 4:00:22 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

## By STEVEN SARENS

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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