



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.

APR 30 2024

1066

2

1. Entity ID Number 95290		2. Exact name of the Corporation S.A.S Enterprise Inc			
3. Principal Office Address PO Box 124		City Ashaway		State RI	Zip 02804
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island Landscaping, Construction and Maintenance			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Scott A Sunderland			Vice-President Name Scott A Sunderland		
Street Address PO Box 124			Street Address PO Box 124		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Scott A Sunderland			Director Name Donna M Sunderland		
Street Address PO Box 124			Street Address PO Box 124		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
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 ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		400		Common	\$1
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 Scott A Sunderland					Date 4/22/24
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised: 04/2023