



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.

MAY 01 2024

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1. Entity ID Number 30988		2. Exact name of the Corporation SPECIALTY ADVERTISING PRODUCTS, INC.			
3. Principal Office Address 638 Great Road		City North Smithfield		State RI	Zip 02896
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To maintain and operate a Real Estate office			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Normand Jolicoeur			Vice-President Name Barbara Jolicoeur		
Street Address 85 Manley Drive			Street Address 85 Manley Drive		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Barbara Jolicoeur			Treasurer Name Normand Jolicoeur		
Street Address 85 Manley Drive			Street Address 85 Manley Drive		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
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 100	CLASS SERIES COMMON	PAR VALUE NO PAR
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 Normand Jolicoeur President				Date 4/20/2024	
Signature of Authorized Representative <i>Normand Jolicoeur - President</i>					

MAIL TO:
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