RI SOS Filing Number: 202454425060 Date: 5/1/2024 4:00:00 PM

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.

STAMP
MAY 01 2024
2480

1. Entity ID Number	2. Exact name of the Corporation
000010397	Sgambato's Enterprises, Inc.

3. Principal Office Address	City	State	Zip
100 East Avenue	North Providence	RI	02911

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811111	Automobile repair
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: William Sgambato			Vice-President Name: William Sgambato		
Street Address: 100 East Avenue			Street Address: 100 East Avenue		
City: North Providence	State: RI	Zip: 02911	City: North Providence	State: RI	Zip: 02911
Secretary Name: Sylvia E. Sgambato			Treasurer Name: William Sgambato		
Street Address: 100 East Avenue			Street Address: 100 East Avenue		
City: North Providence	State: RI	Zip: 02911	City: North Providence	State: RI	Zip: 02911

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
50	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: William Sgambato

Date: April 26, 2024

Signature of Authorized Representative: William Sgambato

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: 11/2021