



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
24300 *OK*

1. Entity ID Number 000010397		2. Exact name of the Corporation Sgambato's Enterprises, Inc.			
3. Principal Office Address 100 East Avenue		City North Providence		State RI	Zip 02911
4. NAICS Code 811111	6. Brief description of the character of business conducted in Rhode Island Automobile repair				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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		10. Shares Issued 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.		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 <i>William Sgambato</i>					

MAIL TO:
Division of Business Services
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