



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.

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24 MAY 7 PM 1:04:57
STAMP

1. Entity ID Number 000007440		2. Exact name of the Corporation SADDLEBROOKE ASSOCIATES, INC.			
3. Principal Office Address 147 BORDEN AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT A. CASEY			Vice-President Name SHARRON CASEY		
Street Address 147 BORDEN AVENUE			Street Address 147 BORDEN AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name ROBERT A. CASEY			Treasurer Name ROBERT A. CASEY		
Street Address 147 BORDEN AVENUE			Street Address 147 BORDEN AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name ROBERT A. CASEY			Director Name		
Street Address 147 BORDEN AVENUE			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1,000		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 ROBERT A. CASEY					Date 2/26/2024
Signature of Authorized Representative <i>Robert A. Casey</i>					MAY - 7 2024 BY 5963

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov