



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

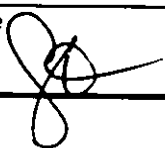
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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24 MAY 31 PM 3:47:29

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 1753234		2. Exact name of the Corporation SaraGreco, Inc.			
3. Principal Office Address 11 Knight Street, Building E19		City Warwick		State RI	Zip 02886
4. NAICS Code 541890		6. Brief description of the character of business conducted in Rhode Island Marketing, advertising and any other lawful business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Sara Greco			Vice-President Name Sara Greco		
Street Address 6025 Graciosa Drive			Street Address 6025 Graciosa Drive		
City Los Angeles	State CA	Zip 90068	City Los Angeles	State CA	Zip 90068
Secretary Name Sara Greco			Treasurer Name Sara Greco		
Street Address 6025 Graciosa Drive			Street Address 6025 Graciosa Drive		
City Los Angeles	State CA	Zip 90068	City Los Angeles	State CA	Zip 90068
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None			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 ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 Sara Greco			Date 5/19/24		
Signature of Authorized Representative 			BY 139R7 KJ		

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