



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2022  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RCD05 BSD  
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**TAMP**

1. Entity ID Number <b>1699704</b>		2. Exact name of the Corporation <b>SAR DEVELOPMENT, INC.</b>			
3. Principal Office Address <b>3 GREENOUGH PL</b>		City <b>NEWPORT</b>		State <b>RI</b>	Zip <b>02840</b>
4. NAICS Code <b>541990</b>		6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE MANAGEMENT CONSULTING</b>			
5. State of Incorporation <b>Massachusetts</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SCOTT ROBINS</b>			Vice-President Name <b>SCOTT ROBINS</b>		
Street Address <b>3 GREENOUGH PL</b>			Street Address <b>3 GREENOUGH PL</b>		
City <b>NEWPORT</b>		State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	
Secretary Name <b>SCOTT ROBINS</b>		Treasurer Name <b>SCOTT ROBINS</b>			
Street Address <b>3 GREENOUGH PL</b>			Street Address <b>3 GREENOUGH PL</b>		
City <b>NEWPORT</b>		State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS-SERIES	PAR VALUE	
		100	100	1	
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. <b>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.</b> <span style="float: right;"><b>FILED</b></span>					
Name of Authorized Representative <b>SCOTT ROBINS</b>				Date <b>MARCH 15, 2024</b>	
Signature of Authorized Representative <i>Scott Robins</i>				Date <b>SEP 06 2024</b>	
				BY: <i>JCYW</i>	

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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**RI DOS MADE NON-SUBSTANTIVE EDITS**