



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.

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1. Entity ID Number 1699704		2. Exact name of the Corporation SAR DEVELOPMENT, INC.				
3. Principal Office Address 3 GREENOUGH PL		City NEWPORT		State RI	Zip 02840	
4. NAICS Code 541990	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT CONSULTING					
5. State of Incorporation Massachusetts						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name SCOTT ROBINS			Vice-President Name SCOTT ROBINS			
Street Address 3 GREENOUGH PL			Street Address 3 GREENOUGH PL			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840	
Secretary Name SCOTT ROBINS			Treasurer Name SCOTT ROBINS			
Street Address 3 GREENOUGH PL			Street Address 3 GREENOUGH PL			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name			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 <input type="checkbox"/>						
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 <input type="checkbox"/>				
		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. 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. FILED						
Name of Authorized Representative SCOTT ROBINS				Date MARCH 15, 2024		
Signature of Authorized Representative <i>Scott Robins</i>				BY <i>JCYNV</i> SEP 06 2024		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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RI DOS MADE NON-SUBSTANTIVE EDITS

FORM 630 - Revised: 11/2021