



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

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

FIELD

JAN 30 2025
 BY 4833 *ov*

1. Entity ID Number 500680		2. Exact name of the Corporation sisu, inc.			
3. Principal Office Address 233 Main Street		City East Greenwich	State RI	Zip 02818	
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island Retail, wholesale and/or commercial florist, also, to sell and own real estate and to conduct any other business activity allowed by law.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mia Bach			Vice-President Name Robert E. Bach		
Street Address 102 Glenwood Drive			Street Address 102 Glenwood Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Robert E. Bach			Treasurer Name Mia Bach		
Street Address 102 Glenwood Drive			Street Address 102 Glenwood Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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			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		PAR VALUE
			1	stk	\$.01
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 Mia Bach, President					Date 1/24/25
Signature of Authorized Representative <i>Mia Bach</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov