



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.

FILED STAMP
MAR 31 2025
BY 5847 *or*

1. Entity ID Number 000117720		2. Exact name of the Corporation S.F.S. Corp.			
3. Principal Office Address 1204 Fish Road			City Tiverton	State R.I.	Zip 02878
4. NAICS Code 445120		6. Brief description of the character of business conducted in Rhode Island Convenience Store/Pizzeria			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Emanuel A. Furtado			Vice-President Name John Sabino		
Street Address 14 Nicole Megan Way			Street Address 31 Red Oak Lane		
City North Dartmouth	State Ma.	Zip 02747	City Dartmouth	State Ma.	Zip 02747
Secretary Name John Sabino			Treasurer Name Emanuel A. Furtado		
Street Address 31 Red Oak Lane			Street Address 14 Nicole Megan Way		
City Dartmouth	State Ma.	Zip 02747	City North Dartmouth	State Ma.	Zip 02747
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. 8,000			NUMBER OF SHARES		
			CLASS/SERIFS		
			300	CNP	\$0
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 Emanuel A. Furtado				Date 3/26/2025	
Signature of Authorized Representative <i>Emanuel A. Furtado</i>					

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