



Department of State - Business Services Division

ENTER STATE
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2022 MAR 24 PM 12:57

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.

1. Entity ID Number 500680		2. Exact name of the Corporation sisu, inc.			
3. Principal Office Address 102 Glenwood Drive			City North Kingstown	State RI	Zip 02852
4. NAICS Code 999999		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		CLASS/SERIES	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 3/8/2022	
Signature of Authorized Representative <i>Mia Bach</i>					

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

FILED
MAR 24 2022
 BY *J 7VHX*