



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000122030		2. Exact name of the Corporation DEANCO, INC.			
3. Principal office address 295 HUNTINGTON AVENUE		City PROVIDENCE	State RI	Zip 02909	
4. Business Phone No. 401-942-2501		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, TRADE, REPAIR, TRANSPORT AND OTHERWISE DEAL IN NEW AND USED CARS, TRUCKS AND OTHER MOTORIZED VEHICLES.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name DEAN DEFUSCO			Vice-President Name KEVIN DEFUSCO		
Street Address 36 LAUREN COURT			Street Address 79 FOXRIDGE DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name DEAN DEFUSCO			Director Name		
Street Address 36 LAUREN COURT			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	COMMON	0.00

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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 29 2014

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.

Signature of Authorized Representative

Date

DEAN DEFUSCO - PRESIDENT

Print or Type Name of Authorized Representative

BY 13816