



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. 6358		2. Exact name of the Corporation SALVATORE SACCOCCIO & ASSOCIATES, INC.					
3. Principal office address 1085 Park Avenue				City Cranston	State RI	Zip 02910	
4. Business Phone No. 401-942-7970				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Architectural Firm							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Mark Saccoccio				Vice-President Name Steve Guglielmo			
Street Address 1085 Park Avenue				Street Address 1085 Park Avenue			
City Cranston	State RI	Zip 02910		City Cranston	State RI	Zip 02910	
Secretary Name Mark Saccoccio				Treasurer Name Mark Saccoccio			
Street Address 1085 Park Avenue				Street Address			
City Cranston	State	Zip 02910		City Cranston	State	Zip 02910	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Mark Saccoccio				Director Name Steve Guglielmo			
Street Address 1085 Park Avenue				Street Address 1085 Park Avenue			
City Cranston	State RI	Zip 02910		City Cranston	State RI	Zip 02910	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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	
				1,000	Common-A	\$1.00	
				10,000	Common-B	\$0.10	

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 _____

FILED
FEB 14 2014

Check No _____

By: _____

BY **27775**

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

2/7/14

Mark Saccoccio

Print or Type Name of Authorized Representative

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