



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000152505		2. Name of Corporation SUMCO, INC.										
3. Street Address Principal Business Office 846 UNIVERSITY AVENUE PO BOX 9108		City NORWOOD		State MA		Zip 02062-9108						
4. Business Phone No. 781-349-4490		5. State of Incorporation DELAWARE										
6. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, SELL, AND INVEST IN REAL OR PERSONAL PROPERTY												
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS												
President Name SHARI E. REDSTONE			Vice President Name THADDEUS P. JANKOWSKI									
Street Address 846 UNIVERSITY AVENUE PO BOX 9108			Street Address 846 UNIVERSITY AVENUE PO BOX 9108									
City NORWOOD		State MA		City NORWOOD		State MA		Zip 02062-9108				
Secretary Name LISA MARTIGNETTI			Treasurer Name MICHAEL G. KSZYSTYNIAC									
Street Address 846 UNIVERSITY AVENUE PO BOX 9108			Street Address 846 UNIVERSITY AVENUE PO BOX 9108									
City NORWOOD		State MA		City NORWOOD		State MA		Zip 02062-9108				
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS												
Director Name SHARI E. REDSTONE			Director Name THADDEUS P. JANKOWSKI									
Street Address 846 UNIVERSITY AVENUE PO BOX 9108			Street Address 846 UNIVERSITY AVENUE PO BOX 9108									
City NORWOOD		State MA		City NORWOOD		State MA		Zip 02062-9108				
Director Name			Director Name									
Street Address			Street Address									
City		State		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.							ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
							Number of Shares 10,000		Class/Series COMMON		Par Value NO PAR VALUE	

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.

FILED

JAN 23 2015

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File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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 _____ Date 01/12/2015
MICHAEL G. KSZYSTYNIAC
Print or Type Name
TREASURER
Title