



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 2016

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. 7415		2. Exact name of the Corporation SACKETT'S INC.					
3. Principal office address PO BOX 1077				City BRISTOL	State R.I.	Zip 02809	
4. Business Phone No. 401-556-2267				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RETAIL AND GENERAL BUSINESS							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name HERBERT E. SACKETT				Vice-President Name HERBERT E. SACKETT			
Street Address PO BOX 1077				Street Address PO BOX 1077			
City BRISTOL	State R.I.	Zip 02809	City BRISTOL	State R.I.	Zip 02809	Zip 02809	
Secretary Name HERBERT E. SACKETT				Treasurer Name HERBERT E. SACKETT			
Street Address PO BOX 1077				Street Address PO BOX 1077			
City BRISTOL	State R.I.	Zip 02809	City BRISTOL	State R.I.	Zip 02809	Zip 02809	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name HERBERT E. SACKETT				Director Name			
Street Address PO BOX 1077				Street Address			
City BRISTOL	State R.I.	Zip 02809	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) <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	
				10	A	\$.01	
				990	b	\$.01	

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

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.

Herbert E. Sackett 12/24/15
 Signature of Authorized Representative Date

HERBERT E SACKETT
 Print or Type Name of Authorized Representative

FILED

DEC 24 2015

BY DS15259