



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. 000152505		2. Exact name of the Corporation SUMCO, INC.			
3. Principal office address 846 UNIVERSITY AVENUE PO BOX 9108			City NORWOOD	State MA	Zip 02062-9108
4. Business Phone No. 781-349-4258			5. State of Incorporation DELAWARE		
6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, INVEST IN REAL OR PERSONAL PROPERTY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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	Zip 02062-9108	City NORWOOD	State MA	Zip 02062-9108
Secretary Name LISA M. MARTIGNETTI			Treasurer Name MICHAEL G. KSZYSTYNIAK		
Street Address 846 UNIVERSITY AVENUE PO BOX 9108			Street Address 846 UNIVERSITY AVENUE PO BOX 9108		
City NORWOOD	State MA	Zip 02062-9108	City NORWOOD	State MA	Zip 02062-9108
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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	Zip 02062-9108	City NORWOOD	State MA	Zip 02062-9108
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
			10,000	COMMON	NO PAR VALUE

FILED

MAR 01 2016

File Date _____
 Check No _____
 By: _____

W 0138252

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 **02/25/2016**

LISA M. MARTIGNETTI
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

152505

Sumco, Inc.
Taxpayer I.D. # 

Officers

Business Address:

President

Shari E. Redstone
846 University Avenue
Norwood, MA 02062

Vice President

Thaddeus P. Jankowski
846 University Avenue
Norwood, MA 02062

Vice President & Treasurer
& Assistant Secretary

Michael G. Kszystyniak
846 University Avenue
Norwood, MA 02062-2631

Secretary

Lisa Martignetti
846 University Avenue
Norwood, MA 02062-2631

152525

Sumco, Inc.
Taxpayer I.D. # [REDACTED]

**Director
Business Address**

Shari E. Redstone
846 University Avenue
Norwood, MA 02062

Thaddeus P. Jankowski
846 University Avenue
Norwood, MA 02062-2631