



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. 80618		2. Exact name of the Corporation SANCO FINANCIAL SERVICES INC			
3. Principal office address 1390 MENDON RD		City CUMBERLAND	State RI	Zip 02864	
4. Business Phone No. 401-334-2776		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island TAX PREPARATION ACCOUNTING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☒					
President Name NORMAN E LECOURS			Vice-President Name		
Street Address 1390 MENDON RD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name NORMAN E LECOURS		
Street Address			Street Address SAME		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☒					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 2500					
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
			NONE	COMMON	0

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.

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: Norman E Lecours Date: 7/15/16
Print or Type Name of Authorized Representative: NE LECOURS

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

FILED
JUL 18 2016
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