

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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040[| LOGOUT |](#)**Business Corporation
Annual Report**

Filing Period: January 1 - March 1



Help with this form

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.

ANNUAL REPORT YEAR: 2017**1. Corporate ID No.** 000007415**2. Name of Corporation** SACKETT'S, INC.**3. Street Address Principal Business Office:**No. and Street: P.O. BOX 1077City or Town: BRISTOLState: RIZip: 02809Country: USA**4. Business Phone No.**401-556-2267**5. State of Incorporation**State: RI**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

Management of Companies and Enterprises

55

6. Brief Description of the Character of Business Conducted in Rhode Island

RETAIL AND GENERAL BUSINESS

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7. Names and Addresses of the Officers and Directors:

All officers and directors must be at least 18 years old at the time of filing.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
	PRESIDENT	HERBERT E. SACKETT	P.O. BOX 1077 BRISTOL, RI 02809 USA

Select From Below Title:

First Name:

Middle Name:

Last Name:

Suffix:

Address:

City:

State:

Zip:

Country:

Clear

Add

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP	B	\$0.0100	3,600.00	990.00
CNP	A	\$0.0000	400.00	10.00

9. 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.

The Department of State tracks the number of new business filings on a quarterly and annual basis. By answering the following three voluntary questions, you will help us better present useful trends and information on the health of our economy.

1. (Select all that apply) - Does the business owner self-identify as any of the following:

Woman

Veteran

Disabled

Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

2. How many full time employees does the business have:

0-5

6-50

51-200

201-500

Over 500

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#7415

3. What are the gross revenues for the business for the past year:

\$0 - \$50,000

\$51,000 - \$250,000

\$251,000 - \$500,000

\$501,000 - \$1,000,000

Over \$1,000,000

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Herbert E. Sackett

Business Name: Sacketts Inc

No. and Street: P.O. BOX 1077

Principal Office

City or Town: BRISTOL

State: RI

Zip: 02809

Country: USA

Contact Phone: ext:

Contact Email:

Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 9 Day of January, 2017 at 1:19:45 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By *Herbert E. Sackett, Pres.*

Signature of Authorized Representative of the Corporation

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this

Accept

Decline

[Click HERE to Submit This Information](#)

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Revised 09/07

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Help

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