



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division


Annual Report for the year: **2017**

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>4130</b>		2. Exact name of the Corporation <b>SACO Inc.</b>			
3. Principal Office Address <b>214 High Street</b>		City <b>Wakefield</b>		State <b>RI</b>	Zip <b>02879</b>
4. NAICS Code <b>42 - Wholesale Trade</b>	6. Brief description of the character of business conducted in Rhode Island <b>Electrical parts distribution and manufacturing</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Wesley Cooper</b>			Vice-President Name <b>None</b>		
Street Address <b>119 East Shore Road</b>			Street Address		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Wesley Cooper</b>			Director Name <b>None</b>		
Street Address <b>119 East Shore Road</b>			Street Address		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>100</b>				<b>No Par</b>	
11. 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.					
Name of Authorized Representative <b>Wesley Cooper</b>					Date <b>1/20/17</b>
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

JAN 23 2017

BY 124738 DS

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