



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>000131551</b>		2. Exact name of the Corporation <b>ROBERT SAGLIO AUDIO/VIDEO DESIGN, INC.</b>			
3. Principal Office Address <b>425 CAROLINA BACK ROAD</b>		City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>	
4. NAICS Code <b>44-45 - Retail Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>CUSTOM AUDIO VIDEO INSTALLATION</b>			
5. State of Incorporation <b>RHODE ISLAND</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>ROBERT G SAGLIO</b>		Vice-President Name <b>JEFFREY MITCHELL</b>			
Street Address <b>425 CAROLINA BACK RD</b>		Street Address <b>402 BUTTERNUT DRIVE</b>			
City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>CARL MYLLYMAKI</b>		Treasurer Name <b>ROBERT G SAGLIO</b>			
Street Address <b>2A CARDINAL LANE</b>		Street Address <b>425 CAROLINA BACK RD</b>			
City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>
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>ROBERT G SAGLIO</b>		Director Name			
Street Address <b>425 CAROLINA BACK RD</b>		Street Address			
City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		COMMON	NO PAR VALUE
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. <b>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.</b>					
Name of Authorized Representative <b>ROBERT G SAGLIO</b>				Date <b>2/14/2017</b>	
Signature of Authorized Representative 					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
 FEB 21 2017  
 BY 5988 DS