RI SOS Filing Number: 201743129160 Date: 5/11/2017 2:37:00 PM

State of Rhode Island and Providence Plantations  Department of State - Business Services Division						
Annual Report for the year Corporation  → Filing period: January 1 - M	ar:	015 R.I. BEP BUS	CECCED N. 14F STAT SYUS DIV		EWED OF STATE VCS DIV	
→ Filing Fee: \$50.00  Penalty: Additional \$25.00 fee if form is not filed by #### #AY     PM 2: 34						
1. Entity ID Number	2. Exact name of					
547045	SACCO	CCIA BA	205. F	PAINTINE	TNC	
Principal Office Address			City	PAINTING	State	Zip
47 GARDEN HI			CRAN.		RIT-	02920
4. NAICS Code	<ol><li>Brief description</li></ol>	on of the character	of business of	conducted in Rhode Isl	and	<del></del>
5 State of Incorporation						
5. State of Incorporation  R-I-  PAINTING						
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name Vice-				t Name	e box to indicate	an attachment
KENINETH SACCOCCIO Street Address			Street Address			
47 GALDEL ) HILLS DR.			Silect Addiesa			
CLANSTON	State	Zip 02920	City		State	Zip
Secretary Name		00900	Treasurer Nar	ne	<u></u>	
Street Address			Street Address			
			onest Address			
City	State	Zip	City		State	Zip
8. List ALL directors (names and addresses)  Check the box to indicate an attachment						
Director Name Dir				9		-
Street Address			Street Address			
City	State	Zip	City		State	Zip
Director Name		<u> </u>				
	Director Name					
Street Address	Street Address					
City	State	Zip	City		State	Zip
9. Shares Authorized	· · · · · · · · · · · · · · · · · · ·	140.00				
This information is currently of record in the		10. Shares Issued  NUMBER OF SHARES		Check th	e box to indicate	an attachment PAR VALUE
Department of State.		-0- Cours		Carriage		
Changes require an additional filing.		- COP/1972		COMMOR		<u> </u>
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					Date	
KEN GACCOCCIO					3/27	117
Signature of Authorized Representative FILED						
All Sallle						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017