



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

## Annual Report for the year:

## Corporation

2017

→ 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>80618</b>		2. Exact name of the Corporation <b>SANCO FINANCIAL SERVICES INC.</b>	
3. Principal Office Address <b>1390 MENDON RD</b>		City <b>CUMBERLAND</b>	State <b>RI</b>
		Zip <b>02864</b>	
4. NAICS Code <b>7658</b>	6. Brief description of the character of business conducted in Rhode Island <b>ACCOUNTING TAX PREPARATION</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>NORMAN E LECOURS</b>		Vice-President Name <b>SANDRA B LECOURS</b>	
Street Address <b>1390 MENDON RD</b>		Street Address <b>SAME</b>	
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	
Secretary Name		Treasurer Name <b>NORMAN E LECOURS</b>	
Street Address		Street Address <b>SAME</b>	
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		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <b>1000</b>		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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		<b>NONE COMMON 0</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		Date <b>8-5-17</b>	
Signature of Authorized Representative <b>Norman E. Lecours</b>		<b>FILED</b>	

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

AUG 07 2017

195005