



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.

 RECEIVED
 SECRETARY OF STATE
 CORPORATION DIV
 2017 DEC 22 AM 11:27

1. Entity ID Number <u>000122030</u>		2. Exact name of the Corporation <u>Deanco Inc</u>			
3. Principal Office Address <u>295 Huntington Ave</u>			City <u>Prov</u>	State <u>RI</u>	Zip <u>02909</u>
4. NAICS Code <u>423110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Auto sales</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Dean DeFusco</u>			Vice-President Name <u>Kevin DeFusco</u>		
Street Address <u>336 Lauren Ct</u>			Street Address <u>1504 Putnam pike</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>Chapel Hill</u>	State <u>NC</u>	Zip <u>27514</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		50		0	
		50			
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 <u>[Signature]</u>					Date <u>12/22/17</u>
Signature of Authorized Representative					

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 SIGN DOCUMENT HERE

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