RI SOS Filing Number: 201859629480 Date: 3/1/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2018
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	2. Exact name of the Corporation		
103811	Sacchetti Insurance Agency, Inc.		
3. Principal Office Address	City	State	Zip
845 Post Road	Warwick	RI	02888
4. NAICS Code: 524210	6. Brief description of the character of business conducted in Rhode Island: The sale and marketing of insurance, insurance services, financial services and products.		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Richard P. Sacchetti			Vice-President Name: Richard P. Sacchetti		
Street Address: 51 Conifer Drive			Street Address: 51 Conifer Drive		
City: North Providence	State: RI	Zip: 02904	City: North Providence	State: RI	Zip: 02904
Secretary Name: Richard P. Sacchetti			Treasurer Name: Peter R. Sacchetti		
Street Address: 51 Conifer Drive			Street Address: 72 Power Road		
City: North Providence	State: RI	Zip: 02904	City: Pawtucket	State: RI	Zip: 02860

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Richard P. Sacchetti			Director Name		
Street Address: 51 Conifer Drive			Street Address		
City: North Providence	State: RI	Zip: 02904	City	State	Zip
Director Name			Director Name		
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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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.

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
Richard P. Sacchetti, President	2-18-18

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED
MAR 01 2018
BY 15842

MAIL TO:
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: 10/2017