



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
(401) 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>80618</b>		2. Name of Corporation <b>SANCO Financial Services Inc.</b>			
3. Street Address Principal Business Office <b>1390 MENDON RD</b>			City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
4. Business Phone No. <b>334-2776</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>7658</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>BOOKKEEPING AND TAX PREPARATION</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>NORMAN E. LECOURS</b>			Vice President Name		
Street Address <b>1390 MENDON RD.</b>			Street Address		
City <b>CUMB.</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name			Treasurer Name <b>NORMAN E. LECOURS</b>		
Street Address			Street Address <b>SAME</b>		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>500 NO PAR VALUE</b>	<b>COMMON</b>		<b>0</b>	<b>COMMON</b>	<b>NO PAR</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	<b>6/23/05</b>
Check No.	<b>884</b>
By:	<b>DA</b>
FOR SECRETARY OF STATE USE ONLY	

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.

**Norman E. Lecours** **6/20/05**  
Signature of Officer Date  
**NORMAN E. LECOURS**  
Print or Type Name of Officer  
**PRES.**  
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 80618		2. Name of Corporation SANCO Financial Services Inc.			
3. Street Address Principal Business Office 1390 MENDON RD.		City CUMB	State RI	Zip 02864	
4. Business Phone No. 401-334-2776		5. State of Incorporation RHODE ISLAND			6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island BOOKKEEPING AND TAX PREPARATION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NORMAN E. LECOURS			Vice President Name		
Street Address 1390 MENDON RD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name NORMAN E. LECOURS		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE	COMMON		0		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



RECEIVED

File Date  
AUG 18 2004  
Check No.  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer  
NORMAN E. LECOURS  
Date  
8/16/04  
Print or Type Name of Officer  
PRES.  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **80618**  
2. Name of Corporation **SANCO Financial Services Inc.**  
3. Street Address Principal Business Office  
**1390 MENDON RO.**  
4. Business Phone No. **334-2776**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**TAX PREP & BOOKKEEPING**

City **CUMBERLAND** State **RI** Zip **02864**  
6. SIC Code **7658**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **NORMAN E. LECOURS**  
Street Address **1390 MENDON RO.**  
City **CUMBERLAND** State **RI** Zip **02864**  
Secretary Name  
Street Address  
City State Zip

Vice President Name **SANDRA B. LECOURS**  
Street Address **SAME**  
City State Zip  
Treasurer Name **NORMAN E. LECOURS**  
Street Address  
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
500 NO PAR VALUE	COMMON	NONE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 0 6 1 8 \*

File Date: 3-7-03  
Check No.: 3015  
By: IUP

FOR SECRETARY OF STATE USE ONLY

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.

Norman E. Lecours 3-5-03  
Signature of Officer Date

NORMAN E. LECOURS  
Print or Type Name of Officer

PRES  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED) IN BLACK)

1. Corporate ID No. **80618**  
2. Name of Corporation **SANCO Financial Services Inc.**  
3. Street Address Principal Business Office  
**1390 MENDON RD**  
4. Business Phone No. **334-2776**  
5. State of Incorporation **RHODE ISLAND**

City **CUMBERLAND** State **RI** Zip **02864**  
6. SIC Code **7658**

7. Brief Description of the Character of Business Conducted in Rhode Island

**TAX PREPARATION**

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **NORMAN E. LECOURS**  
Street Address **1390 MENDON RD.**  
City **CUMBERLAND** State **RI** Zip **02864**  
Secretary Name

Vice President Name **SANDRA B. LECOURS**  
Street Address **SAME**  
City State Zip

Street Address  
City State Zip

Treasurer Name **NORMAN E. LECOURS**  
Street Address **SAME**  
City State Zip

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name  
Street Address  
City State Zip

## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500 NO PAR VALUE	COMMON	0

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
0	COMMON	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 0 6 1 8 \*

File Date: **6-3-02**  
**207**  
Check No.:  
**2**  
By:

FOR SECRETARY OF STATE USE ONLY

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.

**Norman E. Lecours** **5/31/02**  
Signature of Officer Date

**NORMAN E. LECOURS**  
Print or Type Name of Officer

**PRES.**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80618** 2. Name of Corporation **SANCO Financial Services Inc.**  
3. Street Address Principal Business Office **1390 MENDON RD.** City **CUMBERLAND** State **R.I.** Zip **02864**  
4. Business Phone No. **401-334-2776** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

7. Brief Description of the Character of Business Conducted in Rhode Island

**BOOKKEEPING & TAX PREP**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>NORMAN E. LECOUR</b>	Vice President Name <b>SANDRA B. LECOUR</b>
Street Address <b>1390 MENDON RD</b>	Street Address <b>1390 MENDON RD</b>
City <b>CUMBERLAND</b> State <b>R.I.</b> Zip <b>02864</b>	City <b>CUMB</b> State <b>RI</b> Zip <b>02864</b>
Secretary Name <b>NORMAN E. LECOURS</b>	Treasurer Name <b>NORMAN E. LECOURS</b>
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

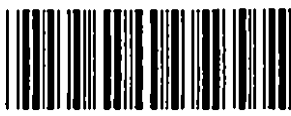
Number of Shares	Class/Series	Par Value
<b>500 SHS</b>	<b>NO PAR VALUE - COMMON</b>	

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>NONE</b>	<b>COMMON</b>	<b>0</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 0 6 1 8 \*

File Date: **4-25-01**  
**2195**  
Check No.:  
By: **2**

FOR SECRETARY OF STATE USE ONLY

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.

**Norman E. Lecours** **4/24/01**  
Signature of Officer Date  
**NORMAN E. LECOURS**  
Print or Type Name of Officer  
**PRES.**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80618** 2. Name of Corporation **SANCO Financial Services Inc.**

3. Street Address Principal Business Office

**1390 MENDON RD.**

City

State

**CUMBERLAND R.I.**

Zip

**02864**

4. Business Phone No.

**334-2776**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**7658**

7. Brief Description of the Character of Business Conducted in Rhode Island

**ACCOUNTING**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

**NORMAN E. LECOURS**

Vice President Name

Street Address

**1390 MENDON RD**

Street Address

City

State

Zip

**CUMBERLAND R.I.**

**02864**

City

State

Zip

Secretary Name

Treasurer Name

**SAME**

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**500 SHS NO PAR VALUE COMMON**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**NONE**

**COMMON**

**0**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 0 6 1 8 \*

File Date: **6/1/14**

Check No.: **1855**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

**Norman E. Lecours** **6/9/00**  
Signature of Officer Date

**NORMAN E. LECOURS**  
Print or Type Name of Officer

**PRES.**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>80618</b>		2. Name of Corporation <b>SANCO Financial Services Inc.</b>	
3. Street Address Principal Business Office <b>1390 MENDON RD.</b>		City <b>CUMBERLAND</b>	State <b>R.I.</b>
4. Business Phone No. <b>401-334-2776</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>7658</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TAX PREP- BOOKEEPING</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>NORMAN E. LECOURS</b>		Vice President Name <b>Same</b>	
Street Address <b>1390 MENDON RD</b>		Street Address	
City <b>CUMBERLAND</b>	State <b>R.I.</b>	City	State
Zip <b>02864</b>		Zip	
Secretary Name		Treasurer Name <b>Same</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>500 SHS NO PAR VALUE</b>		<b>NONE</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 0 6 1 8 \*

File Date: **5-10-99**

Check No.: **1521**

By: **AMF**

FOR SECRETARY OF STATE USE ONLY

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.

**Norman E. Lecours** 5/1/99  
Signature of Officer Date

**NORMAN E. LECOURS**  
Print or Type Name of Officer

**PRES.**  
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80618** 2. Name of Corporation **SANCO Financial Services Inc.**

3. Street Address Principal Business Office

**1390 MENDON RD.**

4. Business Phone No.

**401-334-2776**

5. State of Incorporation  
**RHODE ISLAND**

City  
**CUMBERLAND**

State  
**R.I.**

Zip  
**02864**  
6. SIC Code  
**7858**

7. Brief Description of the Character of Business Conducted in Rhode Island

**TAX PREPARATION**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

**NORMAN E. LECOURS**

Street Address

**1390 MENDON RD.**

City  
**CUMBERLAND** State  
**R.I.** Zip  
**02864**

Secretary Name

Street Address

City  
**CUMBERLAND** State  
**R.I.** Zip  
**02864**

Vice President Name

Street Address

City  
**CUMBERLAND** State  
**R.I.** Zip  
**02864**

Treasurer Name

**SAME**

Street Address

City  
**CUMBERLAND** State  
**R.I.** Zip  
**02864**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Street Address

City  
**CUMBERLAND** State  
**R.I.** Zip  
**02864**

Director Name

Street Address

City  
**CUMBERLAND** State  
**R.I.** Zip  
**02864**

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**500 SHS NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

**NONE COMMON 0**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 0 6 1 8 \*

File Date: **6/18/98**

Check No.: **1275**

By: **1010**

FOR SECRETARY OF STATE USE ONLY

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.

**NORMAN E. LECOURS** **6/15/98**  
Signature of Officer Date

**NORMAN E. LECOURS**  
Print or Type Name of Officer

**PRES**  
Title of Officer





# PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80618** 2. Name of Corporation **SANCO FINANCIAL SERVICES INC.**  
3. Street Address Principal Business Office **1390 MENDON RD.** City **CUMBERLAND** State **R.I.** Zip **02864**  
4. Business Phone No. **401-334-2776** 5. State of Incorporation **R-I** 6. SIC Code **7658**

7. Brief Description of the Character of Business Conducted in Rhode Island

**ACCOUNTING & TAX PREPARATION**

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name	Vice President Name
<b>NORMAN E. LECOURS</b>	<b>SANDRA BROUSSEAU</b>
Street Address	Street Address
<b>1390 MENDON RD.</b>	<b>393 HIGHLAND AVE.</b>
City	City
<b>CUMBERLAND</b>	<b>SO. ATTLEBORO.</b>
State	State
<b>R-I.</b>	<b>MA.</b>
Zip	Zip
<b>02864</b>	<b>02703</b>
Secretary Name	Treasurer Name
<b>SAME</b>	<b>SAME - N.E. LECOURS</b>
Street Address	Street Address
City	City
State	State
Zip	Zip

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

## 10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>500</b>	<b>COMMON</b>	<b>NONE</b>	<b>NONE</b>		
<del>1000</del>					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: **8.27.97**  
Check No.: **10**  
By: **LP**

FOR SECRETARY OF STATE USE ONLY

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.

**Norman E. Lecours** 7/19/97  
Signature of Officer Date  
**NORMAN E. LECOURS**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



# PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80618 2. Name of Corporation SANCO FINANCIAL SERVICES INC  
3. Street Address Principal Business Office 1390 MENDON RD. City CUMBERLAND State R.I. Zip 02864  
4. Business Phone No. 401-334-2776 5. State of Incorporation R.I. 6. SIC Code 7658

7. Brief Description of the Character of Business Conducted in Rhode Island

TAX PREP., ACCOUNTING.

## 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name <u>NORMAN E. LECOURS</u>	Vice President Name <u>N.E. LECOURS</u>
Street Address <u>1390 MENDON RD.</u>	Street Address
City <u>CUMBERLAND</u> State <u>R.I.</u> Zip <u>02864</u>	City State Zip
Secretary Name <u>SANORA BROUSSEAU</u>	Treasurer Name <u>N.E. LECOURS</u>
Street Address <u>PO BOX 3089</u>	Street Address
City <u>SO. ATT.</u> State <u>MA.</u> Zip <u>02703</u>	City State Zip

## 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR 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

## 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>500</u>	<u>COMMON</u>	<u>0</u>	<u>NONE</u>	<u>COMMON</u>	<u>0</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2/28/97  
Check No.: 180420  
By: KID

FOR SECRETARY OF STATE USE ONLY

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.

Norman E. Lecours 2/23/97  
Signature of Officer Date  
NORMAN E. LECOURS  
Print or Type Name of Officer  
PRES  
Title of Officer

PROFIT CORPORATION  
ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 80618  
2. NAME OF CORPORATION SANCO Financial Services Inc.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1700 MENDON RD. CITY CUMBERLAND STATE R.I. ZIP CODE 02864  
4. BUSINESS PHONE NO 401-334-2776 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 7658  
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND ACCOUNTING

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME NORMAN E. LECOURS VICE PRESIDENT NAME  
STREET ADDRESS 801 BROAD ST. STREET ADDRESS  
CITY CENTRAL FALLS STATE R.I. ZIP CODE 02863 CITY STATE ZIP CODE  
SECRETARY NAME  
STREET ADDRESS  
CITY STATE ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME DIRECTOR NAME  
STREET ADDRESS STREET ADDRESS  
CITY STATE ZIP CODE CITY STATE ZIP CODE  
DIRECTOR NAME DIRECTOR NAME  
STREET ADDRESS STREET ADDRESS  
CITY STATE ZIP CODE CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
500 SHS NO PAR VALUE			NONE	COMMON	NONE

This report must be SIGNED IN INK by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer

Print or Type Name of Officer

Title of Officer

File Date: 5/2/96

Check No: 1098

By: (Signature)

For Secretary of State Use Only

Date 5/6/96 (Signature)

ing Fee \$50.00  
able to  
retary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC Sept. 1 - Nov. 1  
CORP Jan. 1 - March 1

Corporate ID: 0080618 Annual Report for the year: 1995

Name of Business Entity: SANCO FINANCIAL SERVICES INC.

Business entity organized under the laws of the State of: R.I.

Federal Taxpayer Identification Number: 05-1177355

Is foreign entity, address and telephone number of principal office:

one: 1

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1700 MENDON RD.  
CUMBERLAND, R.I. 02864

one: (401) 334-1025

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

PAUL A. LANCIA  
ONE FELIX MIRANDO WAY  
PROVIDENCE, RI 02904

Brief statement of the character of business conducted in Rhode Island:

ACCOUNTING

Date of Organization: 7-1994

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One):  
NAME: NORMAN E. LECOURE STREET ADDRESS: 801 BROAD ST. CITY/STATE: CENTRAL FALLS ZIP CODE: 02863

CHIEF FINANCIAL OFFICER OR ☐ VICE PRESIDENT (Check One):  
NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CHIEF CLERK OR RECORDS OFFICER ☐ SECRETARY (Check One):  
NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CHIEF FINANCIAL OFFICER OR ☐ TREASURER (Check One):  
NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

THE NAMES OF THE DIRECTORS ARE:

NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER: 500

CLASS: Common

SERIES:

PAR VALUE OR WITHOUT PAR: No par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER: 0

CLASS: 0

SERIES:

PAR VALUE OR WITHOUT PAR:

Date: 9-23, 1995

By: NORMAN E. LECOURE

PRINT OR TYPE NAME OF OFFICER SIGNING: NORMAN E. LECOURE

TITLE OF OFFICER SIGNING: PRES.

Form 31 - 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

PAUL A. LANCIA  
ONE FELIX MIRANDO WAY  
PROV. R.I. 02904

PAID  
10/16/95  
OCT 20 1995  
SECY OF STATE