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SECRETARY OF STATE
CORPORATIONS DIV



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

2019 FEB 14 AM 19:54

Annual Report for the year: 2019
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 000103811		2. Exact name of the Corporation Sacchetti Insurance Agency, Inc.			
3. Principal Office Address 845 Post Road			City Warwick	State RI	Zip 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS-SERIES
			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. <i>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.</i>					
Name of Authorized Representative Richard P. Sacchetti, President					Date 2/8/19
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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