



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

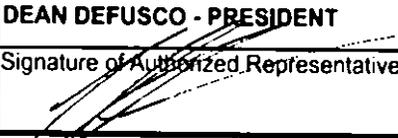
**FILED**

**Annual Report** ~~for the~~ **year: 2020**  
**Corporation**

FEB 09 2020

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 22400  
ea

1. Entity ID Number <b>000122030</b>		2. Exact name of the Corporation <b>DEANCO, INC.</b>			
3. Principal Office Address <b>295 HUNTINGTON AVENUE</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>423110</b>		6. Brief description of the character of business conducted in Rhode Island <b>AUTO SALES</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>DEAN DEFUSCO</b>			Vice-President Name <b>KEVIN DEFUSCO</b>		
Street Address <b>295 HUNTINGTON AVENUE</b>			Street Address <b>295 HUNTINGTON AVENUE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			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.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>50</b>	<b>COMMON</b>	<b>0.00</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. <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 <b>DEAN DEFUSCO - PRESIDENT</b>				Date <b>1-25-2020</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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