RI SOS Filing Number: 202035454500 Date: 2/26/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 3 6 2020

1. Entity ID Number	2. Exact nam	e of the Corporation	n			
6358	SALVATORE SACCOCCIO & ASSOCIATES, INC.					
3. Principal Office Address 1085 PARK AVENUE			City CRANSTON	-	State RI	Zip 02910
4. NAICS Code	Brief description of the character of business conducted in Rhode Island					
541310	ARCHITECTURAL FIRM					
5. State of Incorporation Rhode Island						
7. List ALL officers (names and	addresses)			Check	the box to in	ndicate an attachment 🔲
President Name MARK SACCOCCIO			Vice-President Name STEVE GUGLIELMO			
Street Address 1085 PARK AVENUE			Street Address 1085 PARK AVENUE			
City CRANSTON	State RI	^{Žip} 02910	1		State RI	^{Zip} 02910
Secretary Name MARK SACCOCCIO			Treasurer Name STEVE GUGLIELMO			
Street Address 1085 PARK AVENUE			Street Address 1085 PARK AVENUE			
City CRANSTON	State RI	Zip 02910	City CRANSTON		State RI	^{Zip} 02910
8. List ALL directors (names and	d addresses)		<u> </u>	Check	the box to i	ndicate an attachment
Director Name MARK SACCOCCIO			Director Name STEVE GUGLIELMO			
Street Address 1085 PARK AVENUE			Street Address 1085 PARK AVENUE			
City CRANSTON	State RI	Zip 02910	City CRANSTON		State RI	Z _{IP} 02910
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City		State	Zıp
9. Shares Authorized	nares Authorized 10. Shares Iss		sued Check the box to indicate an attachment			
This information is currently of record in the		NUMBER C		CLASS/SERIES PAR VALUE		
Department of State. Changes require an additional filing.		1000		Common A		\$1.00
		10,000		Common B		\$0.00
11. This report must be execute					ration is in	the hands of a receiver or
trustee, this report must be exe Under penalty of perjury, I de	cuted on behalf o	that I have examin	red this report, in	ncluding any accon	panying s	chedules and
statements, and that all state	ments contained					
Name of Authorized Representative MARK SACCOCCIO					Date 2/13/2070	
Signature of Authorized Repres	entative	SIGN DO	CUMENT HERE	<u> </u>		
		010.700				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov