



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.

FILED

FEB 26 2020

BY 3/6/20 *DS*

1. Entity ID Number 6358		2. Exact name of the Corporation SALVATORE SACCOCCIO & ASSOCIATES, INC.			
3. Principal Office Address 1085 PARK AVENUE			City CRANSTON	State RI	Zip 02910
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island ARCHITECTURAL FIRM			
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 MARK SACCOCCIO			Vice-President 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
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 addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02910
Director Name None			Director Name None		
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
					PAR VALUE
			1000	Common A	\$1.00
			10,000	Common B	\$0.00
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 MARK SACCOCCIO					Date 2/13/2020
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