



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 IN BLACK)

1. Corporate ID No. 82260		2. Name of Corporation BRAD SACCO CPA, LTD.			
3. Street Address Principal Business Office 1001 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02910
4. Business Phone No. 4019420700		5. State of Incorporation RHODE ISLAND			6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island PUBLIC ACCOUNTING AND CONSULTING SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brad Sacco		Vice President Name Brad Sacco			
Street Address 35 Horizon Drive		Street Address 35 Horizon Drive			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Brad Sacco		Treasurer Name Brad Sacco			
Street Address 35 Horizon Drive		Street Address 35 Horizon Drive			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Brad Sacco		Director Name None			
Street Address 35 Horizon Drive		Street Address None			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name None		Director Name None			
Street Address None		Street Address None			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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
1,000 COMM NO PAR VALUE			100	Common	No Par

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



8 2 2 6 0

\*82260 DBC 11/14/05 12:25:35 PM\*

**FILED**

File Date NOV 21 2005

Check No. By M83158

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.

Brad Sacco 11-15-05  
Signature of Officer Date  
Brad Sacco  
Print or Type Name of Officer  
President  
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 IN BLACK)

1. Corporate ID No. 82260		2. Name of Corporation BRAD SACCO CPA, LTD.			
3. Street Address Principal Business Office 1001 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02910
4. Business Phone No. 4019420700		5. State of Incorporation RHODE ISLAND			6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island PUBLIC ACCOUNTING AND CONSULTING SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brad Sacco		Vice President Name Brad Sacco			
Street Address 35 Horizon Drive		Street Address 35 Horizon Drive			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Brad Sacco		Treasurer Name Brad Sacco			
Street Address 35 Horizon Drive		Street Address 35 Horizon Drive			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Brad Sacco		Director Name			
Street Address 35 Horizon Drive		Street Address			
City Cranston	State RI	Zip 02921	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
1000	Common	NO PAR	100	Common	No Par

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



8 2 2 6 0

\*82260 DBC 12/29/03 10:38:45 AM\*

File Date 3-1-04

Check No. 13363

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

Date

Brad Sacco

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *82260*		2. Name of Corporation BRAD SACCO CPA, LTD.	
3. Street Address Principal Business Office 1001 RESERVOIR AVENUE		City CRANSTON	State RI
4. Business Phone No. 4019420700		5. State of Incorporation RHODE ISLAND	6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island PUBLIC ACCOUNTING AND CONSULTING SERVICES			

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

President Name BRAD SACCO			Vice President Name BRAD SACCO		
Street Address 35 HORIZON DRIVE			Street Address 35 HORIZON DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name BRAD SACCO			Treasurer Name BRAD SACCO		
Street Address 35 HORIZON DRIVE			Street Address 35 HORIZON DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921

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

Director Name BRAD SACCO			Director Name NONE		
Street Address 35 HORIZON DRIVE			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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



\* 8 2 2 6 0 \*

\*\*82260\* 2/27/03 5:30:59 PM\*

File Date 2/27/03

Check No. 13063

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]  
Signature of Officer  
BRAD SACCO

2-27-03  
Date

Print or Type Name of Officer

PRESIDENT

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. **82260** 2. Name of Corporation **BRAD SACCO CPA, LTD.**  
3. Street Address Principal Business Office **1001 Reservoir Avenue** City **Cranston** State **RI** Zip **02910**  
4. Business Phone No. **(401) 942-0700** 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 <b>Brad Sacco</b> Street Address <b>35 Horizon Drive</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02921</b>	Vice President Name <b>Brad Sacco</b> Street Address <b>35 Horizon Drive</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02921</b>
Secretary Name <b>Brad Sacco</b> Street Address <b>35 Horizon Drive</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02921</b>	Treasurer Name <b>Brad Sacco</b> Street Address <b>35 Horizon Drive</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02921</b>

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

Director Name <b>Brad Sacco</b> Street Address <b>35 Horizon Drive</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02921</b>	Director Name <b>None</b> Street Address <b></b> City <b></b> State <b></b> Zip <b></b>
Director Name <b>None</b> Street Address <b></b> City <b></b> State <b></b> Zip <b></b>	Director Name <b>None</b> Street Address <b></b> City <b></b> State <b></b> Zip <b></b>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>1,000 COMM NO PAR VALUE</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</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



\* 8 2 2 6 0 \*

File Date: 2-15-02  
Check No.: 3965  
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] 2-8-02  
Signature of Officer Date  
**Brad Sacco**  
Print or Type Name of Officer  
**President**  
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. **82260** 2. Name of Corporation **BRAD SACCO CPA, LTD.**

3. Street Address Principal Business Office **1001 Reservoir Avenue** City **Cranston** State **RI** Zip **02910**  
4. Business Phone No. **(401) 942-0700** 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 <b>Brad Sacco</b>	Vice President Name <b>Brad Sacco</b>
Street Address <b>35 Horizon Drive</b>	Street Address <b>35 Horizon Drive</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02921</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02921</b>
Secretary Name <b>Brad Sacco</b>	Treasurer Name <b>Brad Sacco</b>
Street Address <b>35 Horizon Drive</b>	Street Address <b>35 Horizon Drive</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02921</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02921</b>

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

Director Name <b>Brad Sacco</b>	Director Name <b>None</b>
Street Address <b>35 Horizon Drive</b>	Street Address
City <b>Cranston</b> State <b>RI</b> Zip <b>02921</b>	City State Zip
Director Name <b>None</b>	Director Name <b>None</b>
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  
**1,000 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No Par**

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



\* 8 2 2 6 0 \*

File Date: **FILED**

Check No.: **MAR 02 2001**

By: **By [Signature] 3708**

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 **[Signature]** Date **3-1-01**

**Brad Sacco**

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  
401-222-3040



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.

2. Name of Corporation

82260

BRAD SACCO CPA, LTD.

3. Street Address Principal Business Office

1001 Reservoir Avenue

City

Cranston

State

RI

Zip

02910

4. Business Phone No.

(401) 942-0700

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

Brad Sacco

Vice President Name

Brad Sacco

Street Address

35 Horizon Drive

Street Address

35 Horizon Drive

City

Cranston

State

RI

Zip

02921

City

Cranston

State

RI

Zip

02921

Secretary Name

Brad Sacco

Treasurer Name

Brad Sacco

Street Address

35 Horizon Drive

Street Address

35 Horizon Drive

City

Cranston

State

RI

Zip

02921

City

Cranston

State

RI

Zip

02921

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Brad Sacco

Director Name

None

Street Address

35 Horizon Drive

Street Address

City

Cranston

State

RI

Zip

02921

City

State

Zip

Director Name

None

Director Name

None

Street Address

City

State

Zip

City

State

Zip

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COM NO PAR

Number of Shares

Class/Series

Par Value

100

Common

No Par

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



\* 8 2 2 6 0 \*

File Date: 5/16/00

Check No.: 3194

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: [Signature] Date: 5-15-00

Print or Type Name of Officer: Brad Sacco

Title of Officer: President



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>82260</b>		2. Name of Corporation <b>BRAD SACCO CPA, LTD.</b>	
3. Street Address Principal Business Office <b>1001 Reservoir Avenue</b>		City <b>Cranston</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 942-0700</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>7658</b>		Zip <b>02910</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Accounting</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Brad Sacco</b>		Vice President Name <b>Brad Sacco</b>	
Street Address <b>35 Horizon Drive</b>		Street Address <b>35 Horizon Drive</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02921</b>		Zip <b>02921</b>	
Secretary Name <b>Brad Sacco</b>		Treasurer Name <b>Brad Sacco</b>	
Street Address <b>35 Horizon Drive</b>		Street Address <b>35 Horizon Drive</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02921</b>		Zip <b>02921</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Brad Sacco</b>		Director Name <b>None</b>	
Street Address <b>35 Horizon Drive</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	City	State
Zip <b>02921</b>		Zip	
Director Name <b>None</b>		Director Name <b>None</b>	
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>1,000 SHS COM NO PAR</b>		<b>100</b>	<b>Common</b>
Par Value		Par Value	
		<b>No Par</b>	

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



\* 8 2 2 6 0 \*

File Date: 12/26/99  
Check No.: 2783  
By: JS

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: Brad Sacco Date: 1-5-99

Print or Type Name of Officer: Brad Sacco

Title of Officer: President



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 FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>82260</b>		2. Name of Corporation <b>BRAD SACCO CPA, LTD.</b>			
3. Street Address Principal Business Office <b>1001 Reservoir Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	
4. Business Phone No. <b>401-942-0700</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7858</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Accounting</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name <b>Brad Sacco</b>		Vice President Name <b>Brad Sacco</b>			
Street Address <b>35 Horizon Drive</b>		Street Address <b>35 Horizon Drive</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>Brad Sacco</b>		Treasurer Name <b>Brad Sacco</b>			
Street Address <b>35 Horizon Drive</b>		Street Address <b>35 Horizon Drive</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name <b>Brad Sacco</b>		Director Name <b>None</b>			
Street Address <b>35 Horizon Drive</b>		Street Address <b>None</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b></b>	State <b></b>	Zip <b></b>
Director Name <b>None</b>		Director Name <b>None</b>			
Street Address <b></b>		Street Address <b></b>			
City <b></b>	State <b></b>	Zip <b></b>	City <b></b>	State <b></b>	Zip <b></b>
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS COM NO PAR</b>			<b>100</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: **3/24**  
Check No.: **2114**  
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: **[Signature]** Date: **2/28/98**

Brad Sacco

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. <b>82260</b>		2. Name of Corporation <b>BRAD SACCO CPA, LTD.</b>	
3. Street Address Principal Business Office <b>1001 Reservoir Avenue</b>		City <b>Cranston</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 942-0700</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>Accounting</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name <b>Brad Sacco</b>		Vice President Name <b>Brad Sacco</b>	
Street Address <b>35 Horizon Drive</b>		Street Address <b>35 Horizon Drive</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Secretary Name <b>Brad Sacco</b>		Treasurer Name <b>Brad Sacco</b>	
Street Address <b>35 Horizon Drive</b>		Street Address <b>35 Horizon Drive</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name <b>Brad Sacco</b>		Director Name <b>NONE</b>	
Street Address <b>35 Horizon Drive</b>		Street Address <b>NONE</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>NONE</b>	State <b>NONE</b>
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address <b>NONE</b>		Street Address <b>NONE</b>	
City <b>NONE</b>	State <b>NONE</b>	City <b>NONE</b>	State <b>NONE</b>
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares <b>1,000 SHS COM NO PAR</b>	Class/Series <b>NO PAR</b>	Number of Shares <b>100</b>	Class/Series <b>Common</b>
Par Value <b>NO PAR</b>		Par Value <b>NO PAR</b>	

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



\* 8 2 2 6 0 \*

File Date: **3-3-97**

Check No.: **1725**

By: **UP**

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: **Brad Sacco** Date: **3-28-97**

Print or Type Name of Officer: **Brad Sacco**

Title of Officer: **President**

# 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. 82260		2. NAME OF CORPORATION BRAD SACCO CPA, LTD.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1001 RESERVOIR AVENUE		CITY CRANSTON,	STATE RI
4. BUSINESS PHONE NO. (401) 942-0700		5. STATE OF INCORPORATION RHODE ISLAND	
		6. ZIP CODE 02910	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND ACCOUNTING			

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Brad Sacco			VICE PRESIDENT NAME Brad Sacco		
STREET ADDRESS 35 Horizon Drive			STREET ADDRESS 35 Horizon Drive		
CITY Cranston,	STATE RI	ZIP CODE 02921	CITY Cranston,	STATE RI	ZIP CODE 02921
SECRETARY NAME Brad Sacco			TREASURER NAME Brad Sacco		
STREET ADDRESS 35 Horizon Drive			STREET ADDRESS 35 Horizon Drive		
CITY Cranston,	STATE RI	ZIP CODE 02921	CITY Cranston,	STATE RI	ZIP CODE 02921

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Brad Sacco			DIRECTOR NAME		
STREET ADDRESS 35 Horizon Drive			STREET ADDRESS		
CITY Cranston,	STATE RI	ZIP CODE 02921	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
1,000 SHS COM NO PAR			100	Common	NO Par

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.

File Date:

3/4/96  
1342

Check No:

By:

Signature of Officer

Brad Sacco

Print or Type Name of Officer

President

Title of Officer

2/27/96

Date

For Secretary of State Use Only

**ANNUAL REPORT**

Please Type or Print  
File Annually - Jan. 1 - March 1  
Filing Fee \$50.00  
Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0082260 Annual Report for the year: 1995

Name of Corporation: BRAD SACCO CPA, LTD.  
Business entity organized under the laws of the State of: Rhode Island  
For foreign entity, address and telephone number of principal office:

Business Entity is (check one):  
☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
1001 Reservoir Avenue  
Cranston, Rhode Island 02910  
Phone: (401) 942-0700

Brief statement of the character of business conducted in Rhode Island:  
Public accounting &  
Consulting services

**THE NAMES OF THE OFFICERS ARE:**

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Brad Sacco	35 Horizon Drive Cranston	Cranston, RI	02921
VICE PRESIDENT Brad Sacco	35 Horizon Drive	Cranston, RI	02921
SECRETARY Brad Sacco	35 Horizon Drive	Cranston, RI	02921
TREASURER Brad Sacco	35 Horizon Drive	Cranston, RI	02921

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Brad Sacco	35 Horizon Drive	Cranston, RI	02921
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

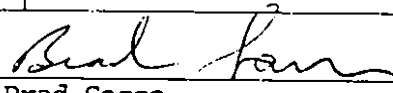
NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
1000	Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
100	Common

Date February 24, 19 95

By:   
Brad Sacco

PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

BRAD SACCO

1001 RESERVOIR AVENUE  
CRANSTON RI 02910

**FILED**

MAR 02 1995

By CC 1028