State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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
JAN 29 2021
BY

1. Entity ID Number	2. Exact name of the Corporation			
4130	SACO Inc.			
3. Principal Office Address		City	State	Zip
214 High Street		Wakefield	RI	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423610	wholesale distribution of wire and electrical components			
5. State of Incorporation				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Wesley D. Cooper					
Street Address			Street Address		
119 East Shore Road					
City	State	Zip	City	State	Zip
Narragansett	RI	02882			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Wesley D Cooper					
Street Address			Street Address		
119 East Shore Road					
City	State	Zip	City	State	Zip
Narragansett	RI	02882			
Director Name			Director Name		
Brittany Caparelli					
Street Address			Street Address		
41 E Dale Ave					
City	State	Zip	City	State	Zip
Johnston	RI	02919			

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100.00	STK	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.

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.

Name of Authorized Representative	Date
Wesley D. Cooper	1/6/21
Signature of Authorized Representative	
Wesley D Cooper	

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

FORM 630 - Revised: 08/2020