



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV
FOR SECRETARY OF STATE
USE ONLY

2023 APR 26 A 10 05

1. Entity ID Number 000103811		2. Exact name of the Corporation Sacchetti Insurance Agency, Inc.	
3. Principal Office Address 845 POST ROAD		City WARWICK	State RI
		Zip 02888	
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island THE SALE AND MARKETING OF INSURANCE, INSURANCE SERVICES, FINANCIAL SERVICES AND PRODUCTS.		
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 PETER R. SACCHETTI		Vice-President Name PETER R. SACCHETTI	
Street Address 72 POWER ROAD		Street Address 72 POWER ROAD	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
Secretary Name PETER R. SACCHETTI		Treasurer Name PETER R. SACCHETTI	
Street Address 72 POWER ROAD		Street Address 72 POWER ROAD	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES COMMON
		PAR VALUE NO PAR VALUE	
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 PETER R. SACCHETTI, PRESIDENT		Date 3-27-2023	
Signature of Authorized Representative 		FILED 1005 APR 26 2023 BY 016850	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov