



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.
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3. Principal Office Address 845 POST ROAD	City WARWICK	State RI	Zip 02888
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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	Zip 02860	City PAWTUCKET	State RI	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	Zip 02860	City PAWTUCKET	State RI	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	Zip	City	State	Zip
Director Name		Director Name			
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
	100	COMMON	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