



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED

APR 23 2024

BY

15632

1 Entity ID Number 001760077		2 Exact name of the Corporation Sacco Enterprises Holding Services, INC.			
3 Principal Office Address 552 Klondike Road			City Charlestown	State RI	Zip 02813
4 NAICS Code 55111		6 Brief description of the character of business conducted in Rhode Island Asset Holdings			
5 State of Incorporation RI					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Peter J. Sacco, Jr.			Vice-President Name		
Street Address 32 North Capalbo Drive			Street Address		
City Bradford	State RI	Zip 02808	City	State	Zip
Secretary Name Samantha Sacco			Treasurer Name		
Street Address 32 North Capalbo Drive			Street Address		
City Bradford	State RI	Zip 02808	City	State	Zip
8 List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Peter Sacco, Jr.			Director Name		
Street Address 32 North Capalbo Drive			Street Address		
City Bradford	State RI	Zip 02808	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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.		1,000	CWP	\$0.01	
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 Charles Soloveitzik, Esq.				Date 4/18/24	
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

Form 900 (Revised 1/2023)