RI SOS Filing Number: 202565012670 Date: 2/12/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 12 2025
BY 34773

Annual Report for the year: 2025
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation
6358	Salvatore Saccoccio & Associates, Inc.

3. Principal Office Address	City	State	Zip
1085 Park Avenue	Cranston	RI	02910

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541310	Architectural Firm
5. State of Incorporation: Rhode Island	

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

President Name	Street Address	City	State	Zip
Mark Saccoccio	1085 Park Avenue	Cranston	RI	02910

Vice-President Name	Street Address	City	State	Zip
Steve Guglielmo	1085 Park Avenue	Cranston	RI	02910

Secretary Name	Street Address	City	State	Zip
Mark Saccoccio	1085 Park Avenue	Cranston	RI	02910

Treasurer Name	Street Address	City	State	Zip
Steve Guglielmo	1085 Park Avenue	Cranston	RI	02910

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

Director Name	Street Address	City	State	Zip
Mark Saccoccio	1085 Park Avenue	Cranston	RI	02910

Director Name	Street Address	City	State	Zip
Steve Guglielmo	1085 Park Avenue	Cranston	RI	02910

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	Common A	$1.00
10,000	Common B	$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
Mark Saccoccio	2/3/25

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 630- Revised. 12/2023