



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 12 2025

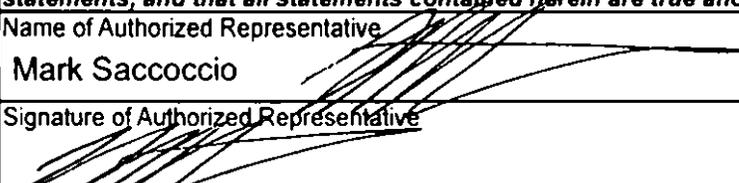
BY 34773

EG

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 6358		2. Exact name of the Corporation Salvatore Saccoccio & Associates, Inc.			
3. Principal Office Address 1085 Park Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island Architectural Firm			
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 Mark Saccoccio			Vice-President Name Steve Guglielmo		
Street Address 1085 Park Avenue			Street Address 1085 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Mark Saccoccio			Treasurer Name Steve Guglielmo		
Street Address 1085 Park Avenue			Street Address 1085 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mark Saccoccio			Director Name Steve Guglielmo		
Street Address 1085 Park Avenue			Street Address 1085 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name None			Director Name None		
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
		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 Mark Saccoccio					Date 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