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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
41202	FINANCE MANAGEMENT SERVICES, INC.			
3. Street Address Principal Business Office		City	State	Zip
1260 VICTORY HIGHWAY		NORTH SMITHFIELD	RHODE ISLAND	02896
4. Business Phone No.	5. State of Incorporation			
401 766-7594	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
ACCOUNTING, TAX PREPARATION, PAYROLL PREPARATION, BOOKKEEPING SERVICES

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
GERARD N SILVIA			GERARD N SILVIA		
Street Address			Street Address		
POB 870			POB 870		
City	State	Zip	City	State	Zip
SLATERSVILLE	RI	02876	SLATERSVILLE	RI	02876
Secretary Name			Treasurer Name		
GERARD N SILVIA			GERARD N SILVIA		
Street Address			Street Address		
POB 870			POB 870		
City	State	Zip	City	State	Zip
SLATERSVILLE	RI	02876	SLATERSVILLE	RI	02876

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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 2000 NPV

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES --- THIS SECTION MUST BE COMPLETED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

Number of Shares	Class/Series	Par Value
500	Common	NPV

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.

[redacted] [redacted]

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.

Signature *Date*

GERARD N SILVIA 02/26/09
Print or Type Name

[redacted] PRESIDENT
Title

File Date	FILED
Check No.	MAR 0 2 2009
By:	By 62679

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