



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000550912		2. Exact name of the Corporation SOS Corporation			
3. Principal office address 331 West Street			City Milford	State MA	Zip 01757
4. Business Phone No. 508-473-0466			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Demolition and cleaning					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Cynthia J. Oldfield			Vice-President Name Cynthia J. Oldfield		
Street Address 246 Congress Street			Street Address 246 Congress Street		
City Milford	State MA	Zip 01757	City Milford	State MA	Zip 01757
Secretary Name Cynthia J. Oldfield			Treasurer Name Cynthia J. Oldfield		
Street Address 246 Congress Street			Street Address 246 Congress Street		
City Milford	State MA	Zip 01757	City Milford	State MA	Zip 01757
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Cynthia J. Oldfield			Director Name		
Street Address 246 Congress Street			Street Address		
City Milford	State MA	Zip 01757	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			100	CNP	0

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 05 2013

29164

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.

Cynthia J. Oldfield
 Signature of Authorized Representative

Date

Cynthia J. Oldfield, President

Print or Type Name of Authorized Representative