



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 658794		2. Exact name of the Corporation Rhode ISLAND chapter of oil HEATING SERVICE MANAGERS & ASSOCIATES			
3. State of Incorporation R.I		4. Brief description of the character of business conducted in Rhode Island TRADE RELATED EDUCATION			
5. Principal office address P.O BOX 25722		City PROVIDENCE	State R.I	Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Steven White			Vice-President Name DAN VIALI		
Street Address 31 NARRAGANSETT AVE			Street Address 6 Heritage RD		
City PROVIDENCE	State RI	Zip 02907	City Rehoboth	State MA	Zip 02769
Secretary Name FRANK SOUSA			Treasurer Name NICHOLAS J. MICHELETTI		
Street Address 15 Fifth St.			Street Address 40 FORESTVIEW DR.		
City Tranton	State MA	Zip 02780	City North Prov.	State R.I	Zip 02904
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CHARLES BURSEY			Director Name WILLIAM ANDREWS		
Street Address 40 LAUREL DRIVE			Street Address P.O. BOX 180 VICTORY		
City VOLUNTOWN	State CONN.	Zip 06384	City Glendale R.I.	State R.I	Zip 06286
Director Name George FANTACONE			Director Name		
Street Address 1160 BULLOCKS POINT AVE			Street Address		
City Riverside	State R.I.	Zip 06384	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
 Check No _____
 By: _____

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.

Steven White **3-5-13**
 Signature of Officer Date
Steven White
 Print or Type Name of Officer
President
 Title of Officer

FILED 1150

MAR 18 2013

BY 02192970