RI SOS Filing Number: 201435838930 Date: 02/19/2014 4:00 PM

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 2014

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			
66560	ABBEY TELEPHONE SERVICE, INC.			
3. Street Address Principal Business Office		City	State	Zip
56 Pine Street		Providence	RI	02903
4. Business Phone No.	5. State of Incorporation			
401-521-3411	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
To Engage in Providing Telephone Answering Service and Secretarial Services

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

President Name	Street Address	City	State	Zip
Carolyn M. Bouchard	4 Lucille Drive	Greenville	RI	02828

Vice President Name	Street Address	City	State	Zip
Claire M. Bouchard	4 Lucille Drive	Greenville	RI	02828

Secretary Name	Street Address	City	State	Zip
Jacqueline M. Bouchard	604 Pinewood Drive	Esmond	RI	02917

Treasurer Name	Street Address	City	State	Zip
Claire M. Bouchard	4 Lucille Drive	Greenville	RI	02828

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

Director Name	Street Address	City	State	Zip
Carolyn M. Bouchard				

Director Name	Street Address	City	State	Zip
Claire M. Bouchard				

Director Name	Street Address	City	State	Zip
n/a				

Director Name	Street Address	City	State	Zip
n/a				

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
-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.

[redacted]

FILED

FEB 19 2014

File Date _____ BY _____

Check No. 2971

By: _____

FOR SECRETARY OF STATE USE ONLY

[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.

Carolyn M. Bouchard 1/10/14
Signature *Date*

Carolyn M. Bouchard
Print or Type Name

[redacted] President
Title

103004-31-944935

Form 630 Rev. 08/08