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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 2014

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.	2. Exact name of the Corporation			
855953	TTS Services, Inc.			
3. Principal office address: 515 Bay St.,Ste 222, PO Box 600		City: St. Johnsbury	State: VT	Zip: 05819
4. Business Phone No.: 802-748-1601		5. State of Incorporation: Vermont		
6. Brief description of the character of business conducted in Rhode Island: Building construction and maintenance work with a specialty of overhead doors and loading dock equipment.				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Sylvanus G. Denio			Vice-President Name:		
Street Address: 515 Bay St., Ste 222 , PO Box 600			Street Address:		
City: St. Johnsbury	State: VT	Zip: 05819	City:	State:	Zip:
Secretary Name: Betty A. Denio			Treasurer Name: Betty A. Denio		
Street Address: 515 Bay St., Ste 222, PO Box 600			Street Address: 515 Bay St., Ste 222 , PO Box 600		
City: St. Johnsbury	State: VT	Zip: 05819	City: St. Johnsbury	State: VT	Zip: 05819

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Sylvanus G. Denio			Director Name: Betty A. Denio		
Street Address: 515 Bay St., Ste 222, PO Box 600			Street Address: 515 Bay St., Ste 222, PO Box 600		
City: St. Johnsbury	State: VT	Zip: 05819	City: St. Johnsbury	State: VT	Zip: 05819
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10,000	Common	$0.50 Each

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.

FILED
JUN 02 2014
BY

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Sylvanus G. Denio 05/30/2014
Signature of Authorized Representative — Date

Sylvanus G. Denio
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

107109-14-958313