



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 2015

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. 159858		2. Exact name of the Corporation DeBlois Consulting Services, Inc.		
3. Principal office address 6 Running Stream Road		City Rehoboth	State MA	Zip 02769
4. Business Phone No. 508-252-6777		5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Consulting services to the gasoline and petroleum industry.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
President Name Charles H. DeBlois, Jr.		Vice-President Name None		
Street Address 6 Running Stream Road		Street Address		
City Rehoboth	State MA	Zip 02769	City	State
Secretary Name Charles H. DeBlois, Jr.		Treasurer Name Charles H. DeBlois, Jr.		
Street Address 6 Running Stream Road		Street Address 6 Running Stream Road		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
Director Name Charles H. DeBlois, Jr.		Director Name		
Street Address 6 Running Stream Road		Street Address		
City Rehoboth	State MA	Zip 02769	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				
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
		1,000	Common	\$1.00 par

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SECRETARY OF STATE
CORPORATIONS DIV

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

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.

Charles H. DeBlois, Jr. 1/22/15
Signature of Authorized Representative Date

Charles H. DeBlois, Jr.

Print or Type Name of Authorized Representative

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