



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. 2939		2. Exact name of the Corporation Brookfield Hills Service Center, Inc.					
3. Principal office address 271 Country View Drive				City Warwick		State RI	Zip 02886
4. Business Phone No. 821-3300				5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Any lawful purpose							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Paul Silva				Vice-President Name Adelaide Silva			
Street Address 271 Country View Drive				Street Address 271 Country View Drive			
City Warwick		State RI	Zip 02886	City Warwick		State RI	Zip 02886
Secretary Name Adelaide Silva				Treasurer Name Paul Silva			
Street Address 271 Country View Drive				Street Address 271 Country View Drive			
City Warwick		State RI	Zip 02886	City Warwick		State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Paul Silva				Director Name Adelaide Silva			
Street Address 271 Country View Drive				Street Address 271 Country View Drive			
City Warwick		State RI	Zip 02886	City Warwick		State RI	Zip 02886
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
				600	Common		No par value

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 19 2015

BY 4715

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.

Paul Silva 2-18-15
 Signature of Authorized Representative Date

Paul Silva
 Print or Type Name of Authorized Representative