



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) 222-3610

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 10199		2. Name of Corporation Service Contracting, Inc.			
3. Street Address Principal Business Office 27 Oakdale Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 553-1111		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island General painting and sandblasting.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Karen K. Bouthillette			Vice President Name None.		
Street Address 27 Oakdale Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Karen K. Bouthillette			Treasurer Name Karen K. Bouthillette		
Street Address 27 Oakdale Avenue			Street Address 27 Oakdale Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Karen K. Bouthillette			Director Name		
Street Address 27 Oakdale Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
500	Common	No Par Value	300	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

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.

Karen K. Bouthillette 3.1.15
Signature Date
Karen K. Bouthillette
Print or Type Name
President
Title

FILED

MAR 09 2015

BY

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