



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 63151		2. Exact name of the Corporation WASHINGTON SQUARE SERVICES CORPORATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Operating a used furniture store, managing parking lots and custodial labor under contract as part of an employment assistance program			
5. Principal office address 50 WASHINGTON SQUARE		City NEWPORT	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name STEPHEN P. OSTIGUY			Vice-President Name FRANCIS L. PARANZINO		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name ROBERT M. SABEL			Treasurer Name DENNIS ROY		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JAMIE LEHANE III			Director Name LINDA HURLEY		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name MICHAEL RIZZI			Director Name DONALD BOUCHER		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

JUL 13 2015

File Date _____

Check No _____

By: _____ **BY 1453**

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.

[Signature]
 Signature of Officer or Authorized Representative Date

STEPHEN P. OSTIGUY

Print or Type Name of Officer or Authorized Representative