



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 **2016**

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. 799335		2. Exact name of the Corporation ORION SERVICE CORPORATION					
3. Principal office address 301 W CEDAR STREET				City KALAMAZOO	State MI	Zip 49007	
4. Business Phone No. 269-385-8888				5. State of Incorporation MICHIGAN			
6. Brief description of the character of business conducted in Rhode Island VEHICLE SERVICE CONTRACTS							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name JOHN BRAGANINI				Vice-President Name JOHN CARROLL			
Street Address 8169 E D AVE				Street Address 64 OVERHILLS DR			
City RICHMOND	State MI	Zip 49083		City LADUE	State MO	Zip 63103	
Secretary Name EDWARD OVERBECK				Treasurer Name BEAU REINBERG			
Street Address 3442 OAKDALE AVE				Street Address 7201 CORNELL AVE			
City HICKORY CORNERS	State MI	Zip 49060		City ST LOUIS	State MO	Zip 63130	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
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	
				50,000	Common	\$1.00	

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: _____

FILED

JAN 15 2016

BY **KL 2723**

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 Authorized Representative 12/23/15
Date

John Braganini
 Print or Type Name of Authorized Representative