



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. 119616		2. Exact name of the Corporation Aries Support Services, Inc.			
3. Principal office address 876 East Road			City Tiverton	State RI	Zip 02878
4. Business Phone No. 401-625-9879			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To operate a consulting and support services business to engineering and other businesses.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Pamela Olsen			Vice-President Name		
Street Address 876 East Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Pamela Olsen			Treasurer Name Pamela Olsen		
Street Address 876 East Road			Street Address 876 East Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
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
			100	Common	no par

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 CORPORATIONS DIV
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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 17 2016

By: 267836

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.

Pamela Olsen
 Signature of Authorized Representative _____ Date _____

Pamela Olsen

Print or Type Name of Authorized Representative