



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. 57323		2. Exact name of the Corporation South County Educational Consultants, Inc.			
3. Principal office address 1093 Shannock Road		City Charlestown		State RI	Zip 02813
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Business consulting					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Paul M. Tukey			Vice-President Name Paul M. Tukey		
Street Address 1093 Shannock Road			Street Address 1093 Shannock Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Paul M. Tukey			Treasurer Name Paul M. Tukey		
Street Address 1093 Shannock Road			Street Address 1093 Shannock Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Paul M. Tukey			Director Name		
Street Address 1093 Shannock Road			Street Address		
City Charlestown	State RI	Zip 02813	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

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

Form No. 630
Revised: 01/2012

FILED

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BY 4309 ds

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 M. Tukey 2-1-16
Signature of Authorized Representative Date

PAUL M. TUKEY
Print or Type Name of Authorized Representative