

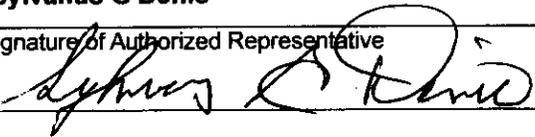
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 855953		2. Exact name of the Corporation TTS SERVICES ,INC	
3. Principal Office Address 515 BAY ST. STE 222 Po box 600		City St . Johnsbury	State VT
		Zip 05819	
4. Business Phone Number 802-748-1601		5. State of Incorporation Vermont	
6. Brief description of the character of business conducted in Rhode Island Building construction and maintenance work with a specialty in overhead doors and loading dock equipment <input checked="" type="checkbox"/>			
7. List ALL officers (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>
President Name SYLVANUS G. DENIO		Vice-President Name	
Street Address 515 Bay St. Ste 222 PO Box 600		Street Address	
City St Johnsbury	State VT	Zip 05819	
Secretary Name Betty A. Denio		Treasurer Name Betty A. Denio	
Street Address 515 Bay St. Ste 222 PO Box 600		Street Address 515 Bay St STE 222 PO Box 600	
City St Johnsbury	State VT	Zip 05819	
8. List ALL directors (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Sylvanus G. Denio		Director Name Betty A. Denio	
Street Address 515 Bay St. Ste 222 PO Box 600		Street Address 515 Bay St Ste 222 PO Box 600	
City St Johnsbury	State VT	Zip 05819	
9. Shares Authorized		10. Shares Issued <input type="checkbox"/> Check box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		10,000	common
			PAR VALUE
		\$0.50 Each	
11. 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. 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.			
Name of Authorized Representative Sylvanus G Denio		Date 5-17-16	
Signature of Authorized Representative 			

FILED *DL*

MAY 19 2016

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