

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 2014

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. 000000426		2. Exact name of the Corporation ADMINISTRATION SERVICES INC.			
3. Principal office address 200 MIDWAY ROAD			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-942-8690			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island ADMINISTRATION SVC					
President Name VALERIE CAMPANA			Vice-President Name		
Street Address 32 ROSEMERE AVENUE			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Secretary Name			Treasurer Name VALERIE CAMPANA		
Street Address			Street Address 32 ROSEMERE AVENUE		
City	State	Zip	City JOHNSTON	State RI	Zip 02919
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
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	0

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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.

FILED

JUN 08 2016

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.

Valerie Campana
 Signature of Authorized Representative

5-16-16
 Date

BY *le 206202*

VALERIE CAMPANA

Print or Type Name of Authorized Representative