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

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

R.I. SECRETARY OF STATE
2017 JAN 30 P 12:11

1. Entity ID Number **74050**	2. Exact name of the Corporation **Massachusetts and Rhode Island School of Boiler Operations, Inc.**
3. Principal Office Address **65B South Main Street**	City **Assonet** / State **MA** / Zip **02723**
4. NAICS Code **61 - Educational Services**	6. Brief description of the character of business conducted in Rhode Island **To Teach and Prepare Students to sit for the Stationary Engineers License Examination**
5. State of Incorporation **Rhode Island**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Robert Whalley**			Vice-President Name		
Street Address **25 North Main Street**			Street Address		
City **Manville**	State **RI**	Zip **02723**	City	State	Zip
Secretary Name **Robert Whalley**			Treasurer Name **Robert Whalley**		
Street Address **25 North Main Street**			Street Address **25 North Main Street**		
City **Assonet**	State **MA**	Zip **02723**	City **Assonet**	State **MA**	Zip **02723**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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
This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	**Common**	**200.00**

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 **Robert Whalley**	Date 1/19/2017
Signature of Authorized Representative	

SIGN DOCUMENT HERE

FILED
JAN 30 2017
BY 2916

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

148639-10-1187325

FORM 630 - Revised: 10/2016