



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
CorporationRECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 MAR 16 PM 12:22

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

1. Entity ID Number 147882		2. Exact name of the Corporation Discount Service Corp			
3. Principal Office Address 55 Chace ave.			City Providence	State RI	Zip 02906
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island Installation and service electrical and mechanical equipment			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Andrey Burkovskiy			Vice-President Name		
Street Address 55 Chace ave.			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an 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 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 <input type="checkbox"/>		
			NUMBER OF SHARES 0	CLASS/SERIES	PAR VALUE
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 Andrey Burkovskiy				Date 3/16/17	
Signature of Authorized Representative Andrey Burkovskiy					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 16 2017

By **[Signature]**