



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

Annual Report for the year: **2018**
Corporation

STAMP

- 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 000074050		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 611000		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 <input type="checkbox"/>					
President Name Robert Whalley			Vice-President Name		
Street Address 25 North Main Street			Street Address		
City Assonet	State MA	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 <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 Check the box to indicate an attachment <input type="checkbox"/>					
10. Shares Issued Check the 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		PAR VALUE
			CLASS/SEF.F.S		
			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
Signature of Authorized Representative <i>[Signature]</i>					FILED FEB 09 2018 111 323923 3:35

MAIL TO:
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