



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

Annual Report for the year: 2018
Corporation

- 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 76189 | | 2. Exact name of the Corporation BC VIP Services, Inc. | |
| 3. Principal Office Address 153 Riverside Drive | | City Wakefield | State RI |
| | | Zip 02879 | |
| 4. NAICS Code 54 - Professional, Scientific, an | 6. Brief description of the character of business conducted in Rhode Island The compiling of and packaging of various voice information and programming services for distribution to service providers. | | |
| 5. State of Incorporation Rhode Island | 541990 | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Donald Coyne | | Vice-President Name Margaret Coyne | |
| Street Address 153 Riverside Drive | | Street Address 153 Riverside Drive | |
| City Wakefield | State RI | City Wakefield | State RI |
| | Zip 02879 | | Zip 02879 |
| Secretary Name Donald Coyne | | Treasurer Name Donald Coyne | |
| Street Address 153 Riverside Drive | | Street Address 153 Riverside Drive | |
| City Wakefield | State RI | City Wakefield | State RI |
| | Zip 02879 | | Zip 02879 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Donald Coyne | | Director Name | |
| Street Address 153 Riverside Drive | | Street Address | |
| City Wakefield | State RI | City | State |
| | Zip 02879 | | Zip |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | Zip | | 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 | CLASS/SERIES |
| | | 100 | Common |
| | | | No Par |
| 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 Donald Coyne | | | Date 2-7-18 |
| Signature of Authorized Representative | | | |

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

FILED

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FORM 639 - Revised: 02/2017

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