



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, and	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. 541990		
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 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 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.			
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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