



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. Entry ID Number <b>41067</b>		2. Exact name of the Corporation <b>HARMONY SERVICE, INC.</b>									
3. Principal Office Address <b>216 Putnam Pike</b>			City <b>Glocester</b>	State <b>RI</b>	Zip <b>02814</b>						
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>the ownership, maintenance, purchase and sale of real estate</b>									
5. State of Incorporation <b>Rhode Island</b>											
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
President Name <b>Raymond E. Mason, Jr.</b>			Vice-President Name <b>Guy R. Mason</b>								
Street Address <b>2615 Rio Tiber Drive</b>			Street Address <b>P. O. Box 307</b>								
City <b>Punta Gorda</b>	State <b>FL</b>	Zip <b>33950</b>	City <b>Harmony</b>	State <b>RI</b>	Zip <b>02829</b>						
Secretary Name <b>Raymond E. Mason, Jr.</b>			Treasurer Name <b>Guy R. Mason</b>								
Street Address <b>2615 Rio Tiber Drive</b>			Street Address <b>P. O. Box 307</b>								
City <b>Punta Gorda</b>	State <b>FL</b>	Zip <b>33950</b>	City <b>Harmony</b>	State <b>RI</b>	Zip <b>02829</b>						
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
Director Name <b>None</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>300</b></td> <td><b>common</b></td> <td><b>no par value</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>300</b>	<b>common</b>	<b>no par value</b>
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
<b>300</b>	<b>common</b>	<b>no par value</b>									
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. <b>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.</b>											
Name of Authorized Representative <b>Guy R. Mason</b>					Date <b>2-13-2018</b> ✓						
Signature of Authorized Representative <i>Guy R. Mason</i>					<b>FILED</b> ✓						

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 16 2018

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