



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 41067		2. Exact name of the Corporation HARMONY SERVICE, INC.			
3. Principal Office Address 216 Putnam Pike			City Glocester	State RI	Zip 02814
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island the ownership, maintenance, purchase and sale of real estate			
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 Raymond E. Mason, Jr.			Vice-President Name Guy R. Mason		
Street Address 2615 Rio Tiber Drive			Street Address P. O. Box 307		
City Punta Gorda	State FL	Zip 33950	City Harmony	State RI	Zip 02829
Secretary Name Raymond E. Mason, Jr.			Treasurer Name Guy R. Mason		
Street Address 2615 Rio Tiber Drive			Street Address P. O. Box 307		
City Punta Gorda	State FL	Zip 33950	City Harmony	State RI	Zip 02929
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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		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		CLASS/SERIES	PAR VALUE
		300		common	no 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. <i>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.</i>					
Name of Authorized Representative Guy R. Mason					Date 2-13-2018 ✓
Signature of Authorized Representative 					FILED ✓

FEB 16 2018

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