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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS
2018 FEB 23 P 1:19

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	2. Exact name of the Corporation		
000487675	**Ocean State Constable Services, Inc.**		
3. Principal Office Address: **143 Suddard Lane**	City: **North Scituate**	State: **RI**	Zip: **02857**
4. NAICS Code: 541199	6. Brief description of the character of business conducted in Rhode Island: **Constable services.**		
5. State of Incorporation: **Rhode Island**			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Robert S. Serrecchia**			Vice-President Name: **Cheryl A. Serrecchia**		
Street Address: **143 Suddard Lane**			Street Address: **143 Suddard Lane**		
City: **North Scituate**	State: **RI**	Zip: **02857**	City: **North Scituate**	State: **RI**	Zip: **02857**
Secretary Name: **Robert S. Serrecchia**			Treasurer Name: **Cheryl A. Serrecchia**		
Street Address: **143 Suddard Lane**			Street Address: **143 Suddard Lane**		
City: **North Scituate**	State: **RI**	Zip: **02857**	City: **North Scituate**	State: **RI**	Zip: **02857**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: **Robert S. Serrecchia**			Director Name: **Cheryl A. Serrecchia**		
Street Address: **143 Suddard Lane**			Street Address: **143 Suddard Lane**		
City: **North Scituate**	State: **RI**	Zip: **02857**	City: **North Scituate**	State: **RI**	Zip: **02857**
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0		

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	Date
Robert S. Serrecchia, President	2-23-18

Signature of Authorized Representative: Robert S. Serrecchia

SIGN DOCUMENT HERE **FILED**

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

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BY AL 325028

FORM 630 - Revised: 10/2017