



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.

RECEIVED
STATE
SECRETARY OF
CORPORATIONS
2018 FEB 23 P 1:10

1. Entity ID Number 000487675		2. Exact name of the Corporation 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.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			0		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.					
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 Robert S. Serrecchia, President					Date 2-23-18
Signature of Authorized Representative 					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

FEB 23 2018

BY 325028

FORM 630 - Revised: 10/2017