Annual Report for tl Corporation		8	_	28/8 + 60	Son Record	
→ Filing period: Januar	ry 1 - March 1			Ç	5 和约 <u>品</u>	
→ Filing Fee: \$50.00 → Penalty: Additional \$2	25.00 fee if form is no	ot filed by April 1		C	300m	
Entity ID Number		· ·		<u> </u>	<u> </u>	
000487675		2. Exact name of the Corporation Ocean State Constable Services, Inc.				
3. Principal Office Address	<u> </u>	-	City	State	Zip	
143 Suddard Lane			North Scituate	RI	02857	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island				
541199	Constable s	Constable services.				
5. State of Incorporation	_					
Rhode Island						
7. List ALL officers (names a	and addresses)			Check the box to indic	ate 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	^{Ζiρ} 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 0285 7	
8. List ALL directors (names	and addresses)		<u></u>	Check the box to indic	ate an attachment	
Director Name Robert S. Se	rrecchia		Director Name Cheryl A. S	ierrecchia		
Street Address 143 Suddard	Lane		Street Address 143 Sudda	ord Lane		
City North Scituate	State RI	^{Zip} 02857	City North Scituate	State RI	Zip 02857	
Director Name	<u> </u>		Director Name		L	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Is:	 sued	Check the box to indic	I ate an attachment	
9. Shares Authorized This information is currently of record in the Department of State.		NUMBER C		ASS/SERIES	PAR VALUE	
separanent vi state.		0				

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

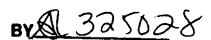
SIGN DOCUMENT HEIFILED

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 2 3 2018

FORM 630 - Revised: 10/2017