RI SOS Filing Number: 201859273250 Date: 2/26/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

→ Filing period: January 1 - March 1

→ Filing Fee: \$50 00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 26 2018 QQ

Entity ID Number	2. Exact name of the Corporation								
000504855	SEA VIEW PROPERTY SERVICE, INC.								
3. Principal Office Address			City				State	Zip	
124 SEA VIEW AVE.				WAKEFIELD			RI	02879	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
238300									
5 State of Incorporation									
RI	REMODELING								
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name				Vice-President Name					
Glenn M. Cusker				LEVIN MCUSKER					
Street Address Sea View Lye				Street Address Surview Ave					
ci Wakefield	State	Zip	DO 79	City	efield	State	-	200079	
Secretary Name				Treasurer Name					
Street Address				Street Address					
City	State	ite Zip		City		State	[Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment									
Director Name				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	l	1	10. Shares Issued		Che	l ock the boy	to indice	te an attachment	
-			NUMBER OF SH				PAR VALUE		
This information is currently of record in the Department of State.			100		CLASSISERIES		1	PAR VALUE	
Changes require an additional filing.									
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 Glen MCCUSKer							Date 2/9/18		
Signature of Authorized Representative GLEN MCCUSKER Wester William Manual M									
		N							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov