	State of
	Depar

Rhode Island and Providence Plantations

rtment of State - Business Services Division

Annual Report for the year: 2018

Corporation

- → Filing period: January 1 March 1
- → Filing Fee: \$50.00

1. Entity ID Number		2. Exact name of the Corporation							
000041841									
3 Principal Office Address		•	City		State	Zip			
154 Hemlock Road			Wakefield		RI	02879			
NAICS Code	6. Brief descr	iption of the charac	cter of business o	onducted in Rhode	Island				
54 1990	Bookkeepir	ng Service							
State of Incorporation									
Rhode Island									
List ALL officers (names ar	nd addresses)			Chec	k the box to inc	licate an attachment			
President Name Jan P Dibsick			Vice-President Name Thomas A Dewey						
Street Address 154 Hemlock	Street Address 154 Hemlock Road								
City Wakefield	State RI	^{Zip} 02879	City Wakefie	ld	State RI	^{Zip} 02879			
Secretary Name Thomas A De	ewey		Treasurer Name Jan P Dibsick						
Street Address 154 Hemlock Road			Street Address 154 Hemlock Road						
City Wakefield	State RI	Zip 02879	City Wakefield		State RI	Zip 02879			
8 List ALL directors (names	and addresses)			Chec	k the box to inc	dicate an attachment			
Director Name			Director Name	2					
Street Address			Street Address						
City	State	Zıp	City		State	Zρ			
Director Name			Director Name	2					
			Ctrout Addrso						
Street Address			Street Addres	5					
City	State	Zıp	City		State	Zıp			
9. Shares Authorized		10. Shares Is	sued		Check the box to indicate an attachment				
This information is currently of record in the			NUMBER OF SHARES		CILASS/SERIES PAR VALUE				
Department of State. Changes require an additional filing.		200		Common		No Par			
						 ,			
11. This report must be exec	uted on behalf of the	corporation by an	authorized repre	sentative If the cor	poration is in th	e hands of a receiver			
trustee, this report must be e	executed on behalf of	f the corporation by	the receiver or t	rustec					
Under penalty of perjury, I	declare and affirm	that I have examil	ned this report,	including any acco	ompanying sc	hedules and			
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date				
Jan P Dibsick					2/20/18				
Signature of Authorized Rep	resentative		F	L		• • • • • • • • • • • • • • • • • • • •			
	Oelare		•						

MAIL TO:

Division of Business Services

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

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

FORM 630 - Revised: 10/2017