



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.

2018  
STAMP  
FOR  
SECRETARY OF STATE  
OFFICE OF  
AM 1:27

1. Entity ID Number <b>41202</b>		2. Exact name of the Corporation <b>Finance Management Services, Inc.</b>	
3. Principal Office Address <b>1260 Victory Highway POB 870</b>		City <b>Slatersville</b>	State <b>RI</b>
		Zip <b>02876-0899</b>	
4. NAICS Code <b>522310</b>	6. Brief description of the character of business conducted in Rhode Island <b>accounting, bookkeeping, tax preparation, payroll preparation</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Donna Silvia</b>		Vice-President Name <b>Donna Silvia</b>	
Street Address <b>35 Andrews Drive</b>		Street Address <b>35 Andrews Drive</b>	
City <b>Uxbridge</b>	State <b>MA</b>	City <b>Uxbridge</b>	State <b>MA</b>
Zip <b>01569</b>		Zip <b>01569</b>	
Secretary Name <b>Kevin Silvia</b>		Treasurer Name <b>Kevin Silvia</b>	
Street Address <b>1260 Victory Highway</b>		Street Address <b>1260 Victory Highway</b>	
City <b>Slatersville</b>	State <b>RI</b>	City <b>Slatersville</b>	State <b>RI</b>
Zip <b>02876</b>		Zip <b>02876</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		500 NPV	
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 <b>Kevin Silvia</b>		Date <b>2/27/2018</b>	
Signature of Authorized Representative 		SIGN DOCUMENT HERE <b>MAR 02 2018</b> <b>HE 305735</b>	

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov