




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
AM 1:27

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

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov