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.

FILED O	X
MAR 0 2 2018	
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1. Entity ID Number	2 Exact nam	2. Exact name of the Corporation						
10454		E.M.S. DEVELOPMENT CORPORATION						
3. Principal Office Address			City		State	Zip		
3. Principal Office Address 14 Dawn Lane			Coventry		Ri	02816		
						V2510		
4. NAICS Code	6. Brief desci	Brief description of the character of business conducted in Rhode Island						
531190	Real Estate	Real Estate						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names an	d addresses)	- · ·		Check	the box to in	ndicate an attachment		
President Name Michael E. Soucy			Vice-President Name Michael E. Soucy					
Street Address 14 Dawn Lane			Street Address 14 Dawn Lane					
City Coventry	State RI	^{Zip} 02816	City Coventry		State RI	^{Zip} 02816		
Secretary Name Michael E. Soucy			Treasurer Name Michael E. Soucy					
Street Address 14 Dawn Lane			Street Address 14 Dawn Lane					
City Coventry	State RI	^{Zip} 02816	City Coventry		State RI	^{Z_{IP}} 02816		
8. List ALL directors (names a	and addresses)			Check	the box to it	ndicate an attachment		
Director Name Michael E. Sou	тсл		Director Name	!				
Street Address 14 Dawn Lane			Street Address					
City Coventry	State RI	^{Zip} 02816	City		State	Žip		
Director Name			Director Name					
Street Address			Street Address	Street Address				
Silett Addiess			Otto Ct / Ladicas	•				
City	State	Zip	City		State	Zip		
9. Shares Authorized	-	10. Shares Iss				ndicate an attachment 🔲		
This information is currently of record in the Department of State.		NUVBER OF SHARES		CLASS/SERIES COMMON		NO PAR VALUE		
Changes require an additional	filing.	-						
11. This report must be execu	ited on behalf of the	corporation by an	authorized repres	l sentative. If the corp	oration is in t	he hands of a receiver or		
trustee, this report must be ex	<u>kecuted on behalf of</u>	the corporation by	the receiver or tr	ustee.				
Under penalty of perjury, I d	declare and affirm	that I have examin	ned this report, it	ncluding any acco	mpanying s	chedules and		
statements, and that all statements and that all statements and that all statements are statements.	<i>tements contained</i> ntative	rnerein are true ai	na correct.		Date			
Michael E. Soucy, Presiden		2/24/8						
Signature of Authorized Repri	esentative	Page SiGN DO	CUMENT HERE		•			

MAIL TO:

Division of Business Services

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

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