

State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

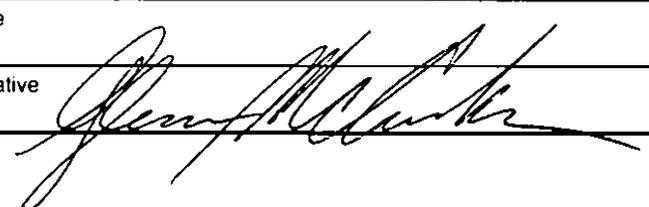
Annual Report for the year: 2019  
 Corporation:

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 04 2019

BY JM DS

1. Entity ID Number 000504855		2. Exact name of the Corporation SEA VIEW PROPERTY SERVICE, INC.			
3. Principal Office Address 124 SEA VIEW AVE.			City WAKEFIELD	State RI	Zip 02879
4. NAICS Code 238300		6. Brief description of the character of business conducted in Rhode Island  REMODELING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name GLEN MCCUSKER			Vice-President Name DEVIN J MCCUSKER		
Street Address 124 SEA VIEW AVE.			Street Address 124 SEA VIEW AVE.		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100			01
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.					
<b>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.</b>					
Name of Authorized Representative					Date 3-2-19
Signature of Authorized Representative GLEN MCCUSKER 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov