



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 MAR -7 AM 9:55

1. Entity ID Number <b>116784</b>		2. Exact name of the Corporation <b>TARGET FINANCIAL SERVICES, INC.</b>												
3. Principal Office Address <b>290 PIPPIN ORCHARD ROAD</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>									
4. NAICS Code <b>523930</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE PERSONAL AND BUSINESS FINANCIAL PLANNING SERVICES.</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>KEVIN H. KELLEY</b>			Vice-President Name <b>SAME</b>											
Street Address <b>290 PIPPIN ORCHARD ROAD</b>			Street Address											
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City	State	Zip									
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>											
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 <input type="checkbox"/></span>														
Director Name <b>NONE</b>			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 <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>COMMON</b></td> <td><b>NO PAR</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>			
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<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>												
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 H. KELLEY</b>				Date <b>1/21/2019</b>										
Signature of Authorized Representative <i>Kevin H. Kelley</i>														

**FILED**  
**MAR 07 2019**  
 BY *Ch* X17YY