



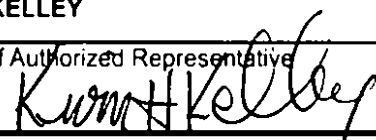
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 116784		2. Exact name of the Corporation TARGET FINANCIAL SERVICES, INC.			
3. Principal Office Address 290 PIPPIN ORCHARD ROAD		City CRANSTON		State RI	Zip 02921
4. NAICS Code 523930		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE PERSONAL AND BUSINESS FINANCIAL PLANNING SERVICES.			
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 KEVIN H. KELLEY			Vice-President Name SAME		
Street Address 290 PIPPIN ORCHARD ROAD			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 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	
		100		COMMON	
				PAR VALUE	
				NO PAR	
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 H. KELLEY				Date 1/21/2019	
Signature of Authorized Representative 					

FILED
MAR 07 2019
BY Ch X17YY 9:55