



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

FILED

JAN 27 2020

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY

1086 DS

1. Entity ID Number <u>000041067</u>		2. Exact name of the Corporation <u>HARMONY SERVICE INC</u>	
3. Principal Office Address <u>8 Wentworth</u> <u>PO Box 307</u>		City <u>Harmony</u>	State <u>RI</u>
		Zip <u>02829</u>	
4. NAICS Code <u>531120</u>	6. Brief description of the character of business conducted in Rhode Island <u>Mortgage - Hold Real Estate Mortgage - Commercial</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Raymond E Mason Jr</u>		Vice-President Name <u>Guy R Mason</u>	
Street Address <u>2615 Rio Tibor Dr</u>		Street Address <u>8 Wentworth Ave PO Box 307</u>	
City <u>Punta Gorda</u>	State <u>FL</u>	City <u>Harmony</u>	State <u>RI</u>
Zip <u>33950</u>		Zip <u>02829</u>	
Secretary Name <u>Raymond E Mason Jr</u>		Treasurer Name <u>Guy Mason</u>	
Street Address <u>2615 Rio Tibor Dr</u>		Street Address <u>PO Box 307 8 Wentworth Dr</u>	
City <u>Punta Gorda</u>	State <u>FL</u>	City <u>Harmony</u>	State <u>RI</u>
Zip <u>33950</u>		Zip <u>02829</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Raymond E Mason Jr</u>		Director Name	
Street Address <u>2615 Rio Tibor Dr</u>		Street Address	
City <u>Punta Gorda</u>	State <u>FL</u>	City	State
Zip <u>33950</u>			Zip
Director Name <u>Guy Mason</u>		Director Name	
Street Address <u>8 Wentworth Ave PO Box 307</u>		Street Address	
City <u>Harmony</u>	State <u>RI</u>	City	State
Zip <u>02829</u>			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	
		<u>300</u>	
		<u>Common</u>	
		<u>0</u>	
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 <u>Guy R Mason</u>			Date <u>1-24-2020</u>
Signature of Authorized Representative <u>Guy Mason</u>			SIGN DOCUMENT 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