



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BUS. SVCS. DIV.


2020 FEB 10 P 1:55

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 159858		2. Exact name of the Corporation DeBlois Consulting Services, Inc.			
3. Principal Office Address 6 Running Stream Road			City Rehoboth	State MA	Zip 02769
4. NAICS Code 541618		6. Brief description of the character of business conducted in Rhode Island Consulting services to the gasoline and petroleum industry.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles H. DeBlois, Jr.			Vice-President Name None		
Street Address 6 Running Stream Road			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Secretary Name Charles H. DeBlois, Jr.			Treasurer Name Charles H. DeBlois, Jr.		
Street Address 6 Running Stream Road			Street Address 6 Running Stream Road		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Charles H. DeBlois, Jr.			Director Name		
Street Address 6 Running Stream Road			Street Address		
City Rehoboth	State MA	Zip 02769	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		
			FAR VALUE		
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 Charles H. DeBlois, Jr.					Date 1/28/20
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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FORM 630 - Revised: 10/2017