RI SOS Filing Number: 202193286050 Date: 2/25/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

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

FEB 25 2021

BY 4100

1. Entity ID Number	2. Exact name of the Corporation		
66560	ABBEY TELEPHONE SERVICE, INC.		
3. Principal Office Address	City	State	Zip
56 Pine Street, Suite 3 A	Providence	RI	02903
4. NAICS Code: 812990	6. Brief description of the character of business conducted in Rhode Island: To Engage in Providing Telephone Answering Service and Secretarial Services		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Carolyn M. Bouchard			Vice-President Name: Claire M. Bouchard		
Street Address: 4 Lucille Drive			Street Address: 4 Lucille Drive		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828
Secretary Name: Jacqueline M. Bouchard			Treasurer Name: Claire M. Bouchard		
Street Address: 604 Pinewood Drive			Street Address: 4 Lucille Drive		
City: Esmond	State: RI	Zip: 02917	City: Greenville	State: RI	Zip: 02828

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: none			Director Name: none		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: none			Director Name: none		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized — **This information is currently of record in the Department of State.** **Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
-0-	cnp	-0-

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	Date
Carolyn M. Bouchard, President	2/4/21

Signature of Authorized Representative: Carolyn M. Bouchard

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

FORM 630 - Revised: 10/2016