State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

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

APR 21 2023

68052 02

1. Entity ID Number	2. Exact name of the Corporation		
41202	**Finance Management Services, Inc.**		
3. Principal Office Address	City	State	Zip
1260 Victory Highway #870	**Slatersville**	**RI**	**02876-0899**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
52 - Finance and Insurance	**accounting, bookkeeping, tax preparation, payroll preparation**		
5. State of Incorporation			
Rhode Island			

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

President Name **Donna Silvia**			Vice-President Name **Donna Silvia**		
Street Address **35 Andrews Drive**			Street Address **35 Andrews Drive**		
City **Uxbridge**	State **MA**	Zip **01569**	City **Uxbridge**	State **MA**	Zip **01569**
Secretary Name **Kevin Silvia**			Treasurer Name **Kevin Silvia**		
Street Address **1260 Victory Highway**			Street Address **1260 Victory Highway**		
City **Slatersville**	State **RI**	Zip **02876**	City **Slatersville**	State **RI**	Zip **02876**

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Strect Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**500**		**NPV**

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
Kevin Silvia	**4/17/2023**

Signature of Authorized Representative

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

FORM 630 - Revised: 10/2017