



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAY 26 P 12:30

1. Entity ID Number 001715486		2. Exact name of the Corporation NELSON SERVICES INC.			
3. Principal Office Address 761 BROAD STREET		City PROVIDENCE		State RI	Zip 02907
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island INSURANCE, INCOME TAX, IMMIGRATION, TRANSLATION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NELSON ROBERTO TAVAREZ			Vice-President Name		
Street Address 761 BROAD ST			Street Address		
City PROVIDENCE	State R	Zip 02907	City	State	Zip
Secretary Name			Treasurer Name		
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			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 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.			10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000.00	CNP	\$0.0000
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 Person

NELSON TAVAREZ

Date

05/26/2023

Signature of Authorized Person

FILED

MAY 26 2023

BY 7535