State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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 JUN -1 P 12:05

1. Entity ID Number	2. Exact name of the Corporation			
000168330	SMS Oil Burner Service, Inc.			
3. Principal Office Address		**City**	**State**	**Zip**
9 Lawn Avenue		Jamestown	RI	02835
4. NAICS Code 238220 (232)	**6. Brief description of the character of business conducted in Rhode Island**			
5. State of Incorporation Rhode Island	To operate an oil burner Repair and Service Business			

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

President Name	Vice-President Name
Santino Campo JR.	Patti A. Campo
Street Address: 9 Lawn Avenue	Street Address: 9 Lawn Avenue
City: Jamestown State: RI Zip: 02835	City: Jamestown State: RI Zip: 02835
Secretary Name	**Treasurer Name**
Patti A. Campo	Santino Campo JR
Street Address: 9 Lawn Avenue	Street Address: 9 Lawn Avenue
City: Jamestown State: RI Zip: 02835	City: Jamestown State: RI Zip: 02835

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

Director Name	Director Name
Santino Campo JR	Patti A. Campo
Street Address: 9 Lawn Avenue	Street Address: 9 Lawn Avenue
City: Jamestown State: RI Zip: 02835	City: Jamestown State: RI Zip: 02835
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 ☐		
This information is currently of record in the Department of State. 1,000 No Par Value **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	Common	No Par 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	Date
Patti A. Campo	6/6/23
Signature of Authorized Representative Patti A. Campo	

FILED
A.A.
2:28 PM JUN 07 2023
BY PPOBA

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