Annua

State of Rhode Island

Department of State - Business Services Division

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Corporation -			RECEIVED	ATF		
Filing period: February 1 - Filing Fee: \$50.00	May 1		MEDELATED ALL DESTREES	71 t 🛶 6.5	•	
Penalty: Additional \$25.00 fee if form is not filed by May 31.						
1. Entity ID Number	2. Exact name of		2022 1114 - 1	12 09		
000068330	4	•	2023 JUN - 1 P	7		
3. Principal Office Address	SMS	OH DO	rner Service	Inc.		
5. Frincipal Office Address	^		City	State	Zip	
Thawn	Avenu		Jamestown	Keil	()2835	
4 NAICS Code 238221	6. Brief description	on of the character	r of business conducted in Rhode Is	iland Ler Repo	$\mathcal{L}_{\mathcal{L}}$	
d 3d			an oil burr	iei kep	⁽¹⁾	
5 State of Incorporation RNOCLE ISIQNA	and	3ervice	e Business			
7. List ALL officers (names and add	resses)	· · · · · · · · · · · · · · · · · · ·	Check the bo	x to indicate an atta	chment 🗆	
President Name	C 11 00 10		Vice-President Name	<u> </u>		
Santino	(amp	DO JR	Parti H. C	empo		
Street Address Street Address Street Address Avenue Street Address						
City	State	Zip	City			
Jamestown	1 2	02835	Jamestown	KJ	zip 02835	
Secretary Name				Treasurer Name Campo JR		
Street Address	^		Street Address	ciri po J		
9 hawn	Hvenu	e		lenue		
Jamestown	State	02835	Jamestown	State	Zip ()2535	
8. List ALL directors (names and ad	ldresses)		Check the bo	x to indicate an atta	achment 🔲	
Director Name Santino (7	TP	Director Name	ien iOn		
Street Address	ampo	7~	Street Address	em po		
9 hawn Avenue 9 hawn Avenue						
Jamestown	State	Zip 07835	City	State	Zip	
Director Name	Nul	00833	COUNT ONLY	IKI	02835	
a ooto, italiita		Director Name				
j						
Street Address			Street Address			
	lo.	I=-				
Street Address City	State	Zip	Street Address City	State	Zip	
City 9. Shares Authorized			City			
9. Shares Authorized This information is currently of recor	d in the	Zip 10. Shares Issue NUMBER OF SI	City Check the b	ox to indicate an att		
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9. Shares Authorized This information is currently of record Department of State. 1,000 Note The Changes require an additional filing. 11. This report must be executed or ceiver or trustee, this report must be Under penalty of perjury, I declar	d in the VOLUC behalf of the cone executed on behalf and affirm that	10. Shares Issue NUMBER OF SHAPE DOOR THE COMPANY AND THE COM	City d Check the b HARES CLASS/SERIES COYY OF Cory of the corporation by the receiver or trustee. this report, including any according to the corporation of the	ox to indicate an att	achment D PAR VALUE PAC LIVE s of a re-	
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