



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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
RI DEPT. OF STATE

1. Entity ID Number <u>000068330</u>		2. Exact name of the Corporation <u>SMS Oil Burner Service Inc.</u>	
3. Principal Office Address <u>9 Lawn Avenue</u>		City <u>Jamestown</u>	State <u>RI</u>
Zip <u>02835</u>			
4. NAICS Code <u>23820</u> <u>232</u>	6. Brief description of the character of business conducted in Rhode Island <u>To operate an oil burner Repair and Service Business</u>		
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Santino Campo JR</u>		Vice President Name <u>Patti A. Campo</u>	
Street Address <u>9 Lawn Avenue</u>		Street Address <u>9 Lawn Avenue</u>	
City <u>Jamestown</u>	State <u>RI</u>	City <u>Jamestown</u>	State <u>RI</u>
Zip <u>02835</u>		Zip <u>02835</u>	
Secretary Name <u>Patti A. Campo</u>		Treasurer Name <u>Santino Campo JR</u>	
Street Address <u>9 Lawn Avenue</u>		Street Address <u>9 Lawn Avenue</u>	
City <u>Jamestown</u>	State <u>RI</u>	City <u>Jamestown</u>	State <u>RI</u>
Zip <u>02835</u>		Zip <u>02835</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Santino Campo JR</u>		Director Name <u>Patti A. Campo</u>	
Street Address <u>9 Lawn Avenue</u>		Street Address <u>9 Lawn Avenue</u>	
City <u>Jamestown</u>	State <u>RI</u>	City <u>Jamestown</u>	State <u>RI</u>
Zip <u>02835</u>		Zip <u>02835</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. <u>1,000 No Par Value</u> Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>Common</u>
		PAR VALUE <u>No Par Value</u>	
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 <u>Patti A. Campo</u>			Date <u>6/6/23</u>
Signature of Authorized Representative <u>Patti A. Campo</u>			

FILED

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

JUN 07 2023
BY PPDBA AA
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