



**State of Rhode Island**  
**Department of State - Business Services Division**

Annual Report for the year: 2019  
 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  
 JUN 10 2023

1. Entity ID Number <b>000068330</b>		2. Exact name of the Corporation <b>SMS Oil Burner Service, Inc.</b>	
3. Principal Office Address <b>9 Lawn Avenue</b>		City <b>Jamestown</b>	State <b>RI</b>
Zip <b>02835</b>		4. NAICS Code <b>238220</b>	
5. State of Incorporation <b>Rhode Island</b>		6. Brief description of the character of business conducted in Rhode Island <b>to operate an oil burner Repair and Service Business</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Santino Campo JR.</b>		Vice-President Name <b>Patti A. Campo</b>	
Street Address <b>9 Lawn Avenue</b>		Street Address <b>9 Lawn Avenue</b>	
City <b>Jamestown</b>	State <b>RI</b>	City <b>Jamestown</b>	State <b>RI</b>
Zip <b>02835</b>		Zip <b>02835</b>	
Secretary Name <b>Patti A. Campo</b>		Treasurer Name <b>Santino Campo JR.</b>	
Street Address <b>9 Lawn Avenue</b>		Street Address <b>9 Lawn Avenue</b>	
City <b>Jamestown</b>	State <b>RI</b>	City <b>Jamestown</b>	State <b>RI</b>
Zip <b>02835</b>		Zip <b>02835</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Santino Campo JR.</b>		Director Name <b>Patti A. Campo</b>	
Street Address <b>9 Lawn Avenue</b>		Street Address <b>9 Lawn Avenue</b>	
City <b>Jamestown</b>	State <b>RI</b>	City <b>Jamestown</b>	State <b>RI</b>
Zip <b>02835</b>		Zip <b>02835</b>	
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. <b>1,000 No Par Value</b> Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>
			PAR VALUE <b>NO PAR VALUE</b>
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 <b>Patti A. Campo</b>		Date <b>6/6/23</b>	
Signature of Authorized Representative <b>Patti A. Campo</b>		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

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 BY **PPD/BA**  
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