



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2018
 Corporation

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 000068330		2. Exact name of the Corporation SMS Oil Burner Service, Inc.	
3. Principal Office Address 9 Lawn Avenue		City Jamestown	State RI
Zip 02835			
4. NAICS Code 232	6. Brief description of the character of business conducted in Rhode Island To operate an oil burner Repair and Service Business		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Santino Campo JR		Vice-President Name 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	City Jamestown	State RI
Zip 02835	Treasurer Name Santino Campo JR		
Secretary Name Patti A. Campo		Street Address 9 Lawn Avenue	
Street Address 9 Lawn Avenue		City Jamestown	
City Jamestown	State RI	Zip 02835	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 <input type="checkbox"/>		
Director Name Santino Campo JR		Director Name 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	City Jamestown	State RI
Zip 02835	Director Name Patti A. Campo		
Street Address 9 Lawn Avenue		Street Address 9 Lawn Avenue	
City Jamestown		City Jamestown	
State RI		State RI	
Zip 02835		Zip 02835	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
1,000 No Par Value		100	
Changes require an additional filing.		CLASS/SERIES	
		Common	
		PAR VALUE	
		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 Patti A. Campo			Date 6/6/23
Signature of Authorized Representative Patti A. Campo			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. 12:24 pm.