



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2015

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
JUN 12 2023

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						
4. NAICS Code 238220		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	City Jamestown	State RI						
Zip 02835		Zip 02835							
Secretary Name Patti A. Campo		Treasurer Name Santino Campo JR							
Street Address 9 Lawn Avenue		Street Address 9 Lawn Avenue							
City Jamestown	State RI	City Jamestown	State RI						
Zip 02835		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	City Jamestown	State RI						
Zip 02835		Zip 02835							
Director Name		Director Name							
Street Address		Street Address							
City	State	City	State						
Zip		Zip							
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. 1,000 No Par Value		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>NO PAR VALUE</td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	NO PAR VALUE
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE							
100	Common	NO PAR VALUE							
Changes require an additional filing.									
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**
12:21pm
FORM 630 - Revised 04/2023