



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2012  
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  
BUS. SVCS. DIV.

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>		6. Brief description of the character of business conducted in Rhode Island <b>to operate an oil burner Repair and Service Business</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</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>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. <b>1,000 No Par Value</b> Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>100</b>	<b>Common</b>	<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. <b>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.</b>					
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

JUN 07 2023  
BY **PPDBA**  
AA. 12:18pm