State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2010
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
2023 JUN -1 P 12:08
R.I. DEPT. OF STATE

1. Entity ID Number	2. Exact name of the Corporation			
000068330	SMS Oil Burner Service, Inc.			
3. Principal Office Address		City	State	Zip
9 Lawn Avenue		Jamestown	RI	02835
4. NAICS Code 238220 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 ☐

President Name	Street Address	City	State	Zip
Santino Campo JR	9 Lawn Avenue	Jamestown	RI	02835

Vice-President Name	Street Address	City	State	Zip
Patti A. Campo	9 Lawn Avenue	Jamestown	RI	02835

Secretary Name	Street Address	City	State	Zip
Patti A. Campo	9 Lawn Avenue	Jamestown	RI	02835

Treasurer Name	Street Address	City	State	Zip
Santino Campo JR	9 Lawn Avenue	Jamestown	RI	02835

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Santino Campo JR	9 Lawn Avenue	Jamestown	RI	02835

Director Name	Street Address	City	State	Zip
Patti A. Campo	9 Lawn Avenue	Jamestown	RI	02835

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized
This information is currently of record in the Department of State.
1,000 No Par Value
Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	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	Date
Patti A. Campo	6/6/23

Signature of Authorized Representative: Patti A. Campo

FILED
JUN 07 2023
BY PPOBA.
A.A. 12:16 pm.

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