



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2009  
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  
BUSINESS SERVICES DIVISION

1. Entity ID Number <b>00068330</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>238200</b> <b>232</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) <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>	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) <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>	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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		Check the box to indicate an attachment <input type="checkbox"/>	
		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. <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>					

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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12:15 PM JUN 07 2023  
BY PPOBA

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