



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2006
Corporation

RECEIVED
RI DEPT. OF STATE
JUN 15 2023

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 JUN - 7 12:12 PM

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 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 <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
Secretary Name Patti A. Campo			Treasurer Name Santino Campo JR		
Street Address 9 Lawn Avenue			Street Address 9 Lawn Avenue		
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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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 Changes require an additional filing.		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. <i>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.</i>					
Name of Authorized Representative Patti A. Campo					Date 6/6/23
Signature of Authorized Representative <i>Patti A. Campo</i>					

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

FILED

JUN 07 2023
BY DDDBA AA.
12:00pm.
FORM 630- Revised: 04/2023