



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **68330** 2. Name of Corporation **S M S OIL BURNER SERVICE, INC.**

3. Street Address Principal Business Office **9 LAWN AVENUE** City **JAMESTOWN** State **RI** Zip **02835**

4. Business Phone No. **(401)423-1889** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**TO OPERATE AN OIL BURNER REPAIR AND SERVICE BUSINESS**

**8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>President Name</b> <b>SANTINO CAMPO, JR.</b> Street Address <b>9 LAWN AVENUE</b> City State Zip <b>JAMESTOWN RI 02835</b>			<b>Vice President Name</b> <b>PATTI A. CAMPO</b> Street Address <b>9 LAWN AVENUE</b> City State Zip <b>JAMESTOWN RI 02835</b>		
<b>Secretary Name</b> <b>PATTI A. CAMPO</b> Street Address <b>SAME AS ABOVE</b> City State Zip			<b>Treasurer Name</b> <b>SANTINO CAMPO, JR.</b> Street Address <b>SAME AS ABOVE</b> City State Zip		

**9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>Director Name</b> <b>SANTINO CAMPO, JR.</b> Street Address <b>SAME AS ABOVE</b> City State Zip			<b>Director Name</b> <b>PATTI A. CAMPO</b> Street Address <b>SAME AS ABOVE</b> City State Zip		
<b>Director Name</b>  Street Address  City State Zip			<b>Director Name</b>  Street Address  City State Zip		

**10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) [ ] 11. SHARES ISSUED (X BOX FOR ATTACHMENT) [ ]**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		100	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1-11-02

Check No.: 298

By: [Signature]

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.

[Signature] 1/9/02  
Signature of Officer Date

PATTI A. CAMPO  
Print or Type Name of Officer

VICE PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **68330**      2. Name of Corporation **S M S OIL BURNER SERVICE, INC.**

3. Street Address Principal Business Office  
**9 Lawn Avenue**      City **Jamestown**      State **RI**      Zip **02835**

4. Business Phone No. **(401) 423-1889**      5. State of Incorporation **RHODE ISLAND**      6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**To operate an oil Burner Repair and Service Business**

8. NAMES AND ADDRESSES OF THE OFFICERS (X= BOX FOR ATTACHMENT)       **FILL IN SPACES BEFORE USING ATTACHMENTS**

<p>President Name <b>Santino Campo, JR.</b> Street Address <b>9 Lawn Avenue</b> City <b>Jamestown</b>      State <b>RI</b>      Zip <b>02835</b></p>	<p>Vice President Name <b>Patti A. Campo</b> Street Address <b>9 Lawn Avenue</b> City <b>Jamestown</b>      State <b>RI</b>      Zip <b>02835</b></p>
<p>Secretary Name <b>Patti A. Campo</b> Street Address <b>Same as Above</b> City      State      Zip</p>	<p>Treasurer Name <b>Santino Campo, JR.</b> Street Address <b>Same As Above</b> City      State      Zip</p>

9. NAMES AND ADDRESSES OF THE DIRECTORS (X= BOX FOR ATTACHMENT)       **FILL IN SPACES BEFORE USING ATTACHMENTS**

<p>Director Name <b>Santino Campo, JR.</b> Street Address <b>Same as Above</b> City      State      Zip</p>	<p>Director Name <b>Patti A. Campo</b> Street Address <b>Same As Above</b> City      State      Zip</p>
<p>Director Name Street Address City      State      Zip</p>	<p>Director Name Street Address City      State      Zip</p>

<p>10. SHARES AUTHORIZED (X= BOX FOR ATTACHMENT)      <input type="checkbox"/></p> <table border="1"> <thead> <tr> <th>AUTHORIZED SHARES</th> <th>Class/Series</th> <th>Par Value</th> </tr> </thead> <tbody> <tr> <td><b>1,000</b></td> <td><b>NO PAR VALUE</b></td> <td></td> </tr> </tbody> </table>	AUTHORIZED SHARES	Class/Series	Par Value	<b>1,000</b>	<b>NO PAR VALUE</b>		<p>11. SHARES ISSUED (X= BOX FOR ATTACHMENT)      <input type="checkbox"/></p> <table border="1"> <thead> <tr> <th>ISSUED SHARES</th> <th>Class/Series</th> <th>Par Value</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>Common</b></td> <td><b>No Par Value</b></td> </tr> </tbody> </table>	ISSUED SHARES	Class/Series	Par Value	<b>100</b>	<b>Common</b>	<b>No Par Value</b>
AUTHORIZED SHARES	Class/Series	Par Value											
<b>1,000</b>	<b>NO PAR VALUE</b>												
ISSUED SHARES	Class/Series	Par Value											
<b>100</b>	<b>Common</b>	<b>No Par Value</b>											

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 8 3 3 0 \*

File Date: 1/9  
1552

Check No.: 2

By: \_\_\_\_\_

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.

Patti A. Campo 1/9/01  
Signature of Officer      Date

Patti A. Campo  
Print or Type Name of Officer

Vice President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>68330</b>		2. Name of Corporation <b>S M S OIL BURNER SERVICE, INC.</b>	
3. Street Address Principal Business Office <b>9 Lawn Avenue</b>		City <b>Jamestown</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 423-1889</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>to operate an oil burner repair and service business, and any and all other lawful business for which C.C.P.S. may be incorporated under the R.I.G.L.</b>			
<b>8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
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>	City <b>Jamestown</b>	State <b>RI</b>
Zip <b>02835</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>	City <b>Jamestown</b>	State <b>RI</b>
Zip <b>02835</b>		Zip <b>02835</b>	
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
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>	City <b>Jamestown</b>	State <b>RI</b>
Zip <b>02835</b>		Zip <b>02835</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)</b>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1,000 SHS NO PAR VALUE</b>			
<b>11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>100</b>	<b>Common</b>	<b>no par. val</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 8 3 3 0 \*

File Date: **FILED**  
Check No.: **FEB 14 2000**  
By: **[Signature]**  
FOR SECRETARY OF STATE USE ONLY

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.

**[Signature]** 2/11/00  
Signature of Officer Date  
**Santino Campo, Jr. President**  
Print or Type Name of Officer  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>68330</b>		2. Name of Corporation <b>S M S OIL BURNER SERVICE, INC.</b>			
3. Street Address Principal Business Office <b>9 LAWN AVENUE</b>			City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02135</b>
4. Business Phone No. <b>(401) 423-1889</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>232</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO OPERATE AN OIL BURNER REPAIR AND SERVICE BUSINESS</b>					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
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>JAMES TOWN</b>	State <b>RI</b>	Zip <b>02135</b>	City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02135</b>
Secretary Name <b>PATTI A. CAMPO</b>			Treasurer Name <b>SANTINO CAMPO, JR.</b>		
Street Address <b>SAME AS ABOVE</b>			Street Address <b>SAME AS ABOVE</b>		
City	State	Zip	City	State	Zip
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>SANTINO CAMPO, JR.</b>			Director Name <b>PATTI A. CAMPO</b>		
Street Address <b>SAME AS ABOVE</b>			Street Address <b>SAME AS ABOVE</b>		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>			<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>			<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 8 3 3 0 \*

PAID

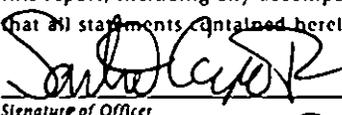
File Date:                     

Check No.:                     

By:                     

FOR SECRETARY OF STATE USE ONLY

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.

  
 Signature of Officer Date  
8/5/99  
**Santino Campo JR**  
 Print or Type Name of Officer  
**President**  
 Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>68330</b>		2. Name of Corporation <b>S M S OIL BURNER SERVICE, INC.</b>			
3. Street Address Principal Business Office <b>9 Lawn Avenue</b>			City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
4. Business Phone No. <b>(401) 423-1889</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>0232</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>to operate an oil burner repair and service business</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" 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>same as above</b>			Street Address <b>same as above</b>		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>Santino Campo, Jr.</b>			Director Name <b>Patti A. Campo</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2.5.98  
Check No.: 2463  
By: IUP

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.  
Signature of Officer: Patti A. Campo Date: 2/3/98  
Print or Type Name of Officer: Vice President  
Title of Officer: Patti A. Campo



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>68330</b>		2. Name of Corporation <b>S M S OIL BURNER SERVICE, INC.</b>		
3. Street Address Principal Business Office <b>9 Lawn Avenue</b>		City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
4. Business Phone No. <b>(401) 423-1889</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>0232</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>to operate an oil burner repair and service business</b>				

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" 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>
Secretary Name <b>Patti A. Campo</b>		Treasurer Name <b>Santino Campo, Jr.</b>		
Street Address <b>same as above</b>		Street Address <b>same as above</b>		
City	State	Zip	City	State

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name <b>Santino Campo, Jr.</b>		Director Name <b>Patti A. Campo</b>		
Street Address <b>same as above</b>		Street Address <b>same as above</b>		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **3/31/97**

Check No.: **2091**

By: **gcl**

FOR SECRETARY OF STATE USE ONLY

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.

**Patti A. Campo** *2/25/97*

Signature of Officer Date

**Patti A. Campo**

Print or Type Name of Officer

**Vice President**

Title of Officer

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 68330		2. NAME OF CORPORATION S M S OIL BURNER SERVICE, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 9 Lawn Avenue			CITY Jamestown	STATE RI	ZIP CODE 02835
4. BUSINESS PHONE NO. (401) 423-1889		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 0232
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND to operate an oil burner repair and service business					
8. NAMES AND ADDRESSES OF THE OFFICERS					
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 CODE 02835	CITY Jamestown	STATE RI	ZIP CODE 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 CODE 02835	CITY Jamestown	STATE RI	ZIP CODE 02835
9. NAMES AND ADDRESSES OF THE DIRECTORS					
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 CODE 02835	CITY Jamestown	STATE RI	ZIP CODE 02835
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	NO PAR VALUE		100	Common	No Par Value

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

*Patti A. Campo*  
Signature of Officer

Patti A. Campo  
Print or Type Name of Officer

Vice President  
Title of Officer

1/9/96  
Date

File Date: 1/22/96  
Check No: 1597  
By: *[Signature]*  
For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING



**FILED**

FEB 28 1995

By *M. 1183*

**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0068330 Annual Report for the year: 1995

Name of Corporation: S. M. S. OIL BURNER SERVICE, INC.

Business entity organized under the laws of the State of: RI  
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
9 Lawn Avenue  
Jamestown, RI 02835

Brief statement of the character of business conducted in Rhode Island:  
to operate an oil burner repair and service business.

Phone: (401) 423-1889

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Santino Campo, Jr.	9 Lawn Avenue	Jamestown, RI	02835
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Patti A. Campo	9 Lawn Avenue	Jamestown, RI	02835
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Patti A. Campo	9 Lawn Avenue	Jamestown, RI	02835
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Santino Campo, Jr.	9 Lawn Avenue	Jamestown, RI	02835

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<i>Santino Campo, Jr.</i>	<i>9 Lawn Avenue</i>	<i>Jamestown, RI</i>	<i>02835</i>
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<i>Patti A. Campo</i>	<i>9 Lawn Avenue</i>	<i>Jamestown, RI</i>	<i>02835</i>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1000	Common	100	Common

Date February 24<sup>th</sup> 19 95

By: *Santino Campo, Jr.*  
 PRINT OR TYPE NAME OF OFFICER SIGNING President  
 TITLE OF OFFICER SIGNING

Form 31 1/85  
**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOHN A. MURPHY, ESQ.  
 77 NARRAGANSETT AVENUE  
 JAMESTOWN RI 02835

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
I.L.C. Sept 1 - Nov. 1  
CORP. Jan 1 - March 1

Corporate ID: 0068330 Annual Report for the year: 1994

Name of Business Entity: S M S OIL BURNER SERVICE, INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

9 Lawn Avenue  
Jamestown, RI 02835

Phone: (401) 423-1889

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Santino Campo, Jr., President  
9 Lawn Avenue  
Jamestown, RI 02835

Brief statement of the character of business conducted in Rhode Island:  
to operate an oil burner repair and service business

Date of Organization: 5/14/92

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Santino Campo, Jr.</u>	<u>9 Lawn Avenue</u>	<u>Jamestown, RI</u>	<u>02835</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) <u>Patti A. Campo</u>	<u>9 Lawn Avenue</u>	<u>Jamestown, RI</u>	<u>02835</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Patti A. Campo</u>	<u>9 Lawn Avenue</u>	<u>Jamestown, RI</u>	<u>02835</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Santino Campo, Jr.</u>	<u>9 Lawn Avenue</u>	<u>Jamestown, RI</u>	<u>02835</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Santino Campo, Jr.</u>	<u>9 Lawn Avenue</u>	<u>Jamestown, RI</u>	<u>02835</u>
<u>Patti A. Campo</u>	<u>9 Lawn Avenue</u>	<u>Jamestown, RI</u>	<u>02835</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No Par Value

Date 1/26/94

By: Santino Campo, Jr.

Santino Campo, Jr.  
PRINT OR TYPE NAME OF OFFICER SIGNING

President  
TITLE OF OFFICER SIGNING

Form 3-1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

JOHN A. MURPHY, ESQ.  
77 NARRAGANSETT AVENUE  
JAMESTOWN RI 02835

FILED  
FEB 1 1994  
By AME #29  
689

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0058330 Annual Report for the year 1993

FIRST: The name of the corporation is S M S OIL BURNER SERVICE, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is TO OPERATE AN OIL BURNER SERVICE AND REPAIR BUSINESS, AND OTHER RELATED BUSINESS.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island c/o JOHN A. MURPHY, ESQ.  
77 NARRAGANSETT AVENUE JAMESTOWN, RI 02835

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
SANTINO CAMPO, JR.	Director	5 LAWN AVENUE JAMESTOWN, RI 02835
PATTI A. CAMPO	Director	(SAME AS ABOVE)
	Director	
SANTINO CAMPO, JR.	President	5 LAWN AVENUE, JAMESTOWN, RI 02835
PATTI A. CAMPO	Vice President	(SAME AS ABOVE)
PATTI A. CAMPO	Secretary	(same as above)
SANTINO CAMPO, JR.	Treasurer	(SAME AS ABOVE)

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	common

PAID  
MAR 02 1993  
no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	common

SECY OF STATE  
Series  
Check # 376  
no par value

Dated February 19 93

S M S OIL BURNER SERVICE, INC.  
(Name of Corporation)  
By Santino Campo  
Title PRESIDENT

(Report must be signed by an officer)