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State of Rhode Island
Department of State - Business Services Division

FILED STAMP
APR 10 2025
BY 68155

Annual Report for the year: 2025
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation		
000041202	Finance Management Services, Inc.		
3. Principal Office Address	City	State	Zip
1260 Victory Hwy POB #870	Slatersville	RI	02876
4. NAICS Code: 522310	6. Brief description of the character of business conducted in Rhode Island: accounting, bookkeeping, tax preparation, payroll preparation		
5. State of Incorporation: Rhode Island			

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

President Name: Donna Silvia			Vice-President Name: Donna Silvia		
Street Address: 35 Andrews Drive			Street Address: 35 Andrews Drive		
City: Uxbridge	State: MA	Zip: 01569	City: Uxbridge	State: MA	Zip: 01569
Secretary Name: Kevin Silvia			Treasurer Name: Kevin Silvia		
Street Address: 1260 Victory Highway			Street Address: 1260 Victory Highway		
City: Slatersville	State: RI	Zip: 02876	City: Slatersville	State: RI	Zip: 02876

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	500	CNP	NPV

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
Kevin Silvia	04/08/2025

Signature of Authorized Representative

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