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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

2020 MAR -2 P 12:09 **STAMP**

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000074050		2. Exact name of the Corporation Massachusetts and Rhode Island School of Boiler Operations, Inc.			
3. Principal Office Address 65B South Main Street			City Assonet	State MA	Zip 02702
4. NAICS Code 611000		6. Brief description of the character of business conducted in Rhode Island To Teach and Prepare Students to sit for the Stationary Engineers License Examination			
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 Robert H. Whalley, Jr.			Vice-President Name Dann M. Boyer		
Street Address 5 Locust Street			Street Address 94 Pamela Drive		
City Assonet	State MA	Zip 02702	City Swansea	State MA	Zip 02777
Secretary Name Dann M. Boyer			Treasurer Name Robert H. Whalley, Jr.		
Street Address 94 Pamela Drive			Street Address 5 Locust Street		
City Swansea	State MA	Zip 02777	City Assonet	State MA	Zip 02702
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	\$200.00
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 Robert H. Whalley, Jr.					Date
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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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