

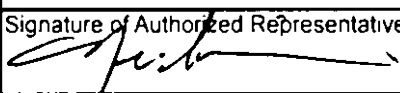


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2023**
 Corporation

APR 21 2023
 60052 02

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

1. Entity ID Number 41202		2. Exact name of the Corporation Finance Management Services, Inc.			
3. Principal Office Address 1260 Victory Highway #870			City Slatersville	State RI	Zip 02876-0899
4. NAICS Code 52 - Finance and Insurance		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 <input type="checkbox"/>					
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 <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
			500		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 Kevin Silvia				Date 4/17/2023	
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