



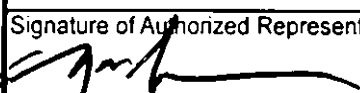
**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation \_\_\_\_\_

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

**FILED**  
MAY 30 2024  
BY 168107

1. Entity ID Number <b>000041202</b>		2. Exact name of the Corporation <b>Finance Management Services, Inc.</b>			
3. Principal Office Address <b>1260 Victory Hwy POB #870</b>			City <b>Slatersville</b>	State <b>RI</b>	Zip <b>02876</b>
4. NAICS Code <b>52 - Finance and Insurance</b>		6. Brief description of the character of business conducted in Rhode Island <b>accounting, bookkeeping, tax preparation, payroll preparation</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Donna Silvia</b>			Vice-President Name <b>Donna Silvia</b>		
Street Address <b>35 Andrews Drive</b>			Street Address <b>35 Andrews Drive</b>		
City <b>Uxbridge</b>	State <b>MA</b>	Zip <b>01569</b>	City <b>Uxbridge</b>	State <b>MA</b>	Zip <b>01569</b>
Secretary Name <b>Kevin Silvia</b>			Treasurer Name <b>Kevin Silvia</b>		
Street Address <b>1260 Victory Highway</b>			Street Address <b>1260 Victory Highway</b>		
City <b>Slatersville</b>	State <b>RI</b>	Zip <b>02876</b>	City <b>Slatersville</b>	State <b>RI</b>	Zip <b>02876</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SLR/ELS
			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.					
<b>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.</b>					
Name of Authorized Representative <b>Kevin Silvia</b>				Date <b>05/23/2024</b>	
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov