STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
55420	CO/OP SERVICES INC.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
360 PLAINFIELD STREET		PROVIDENCE	RI	02909
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
4019440018 - 401 265-6761	RHODE ISLAND			8953

7. Brief Description of the Character of Business Conducted in Rhode Island
THE MAINTENANCE, SERVICE AND REPAIR OF AUTOMOBILES

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

President Name			*Vice President Name*		
Carlos Angel			Ines E. Sierra		
Street Address			*Street Address*		
10 Jasmine Lane			380 Woonasquatucket Avenue		
City	*State*	*Zip*	*City*	*State*	*Zip*
Johnston	RI	02909	North Providence	RI	02911
Secretary Name			*Treasurer Name*		
Carlos Angel			Carlos Angel		
Street Address			*Street Address*		
10 Jasmine Lane			10 Jasmine Lane		
City	*State*	*Zip*	*City*	*State*	*Zip*
Johnston	RI	02919	Johnston	RI	02909

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

Director Name			*Director Name*		
None			None		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
Director Name			*Director Name*		
None			None		
Street Address			*Street Address*		
City	*State*	*Zip*	*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*
100 NO PAR VALUE			10	Common	No Par Value

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

[redacted] 5 5 4 2 0

55420 DBC 02/[redacted]5:37 PM
FILED
File Date MAR 0 3 2005
Check No. 5029
By KB
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Carlos Angel 2-26-05
Signature of Officer *Date*

Carlos Angel
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01