



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 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 55420		2. Name of Corporation CO/OP SERVICES INC.			
3. Street Address Principal Business Office 360 Plainfield Street			City Providence	State RI	Zip 02909
4. Business Phone No. 401-944-0018		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Carlos Angel			Vice President Name Ines E. Sierra		
Street Address 10 Jasmine Lane			Street Address 380 Woonasquatucket Avenue		
City Johnston	State RI	Zip 02919	City North Providence	State RI	Zip 02911
Secretary Name Carlos Angel			Treasurer Name Carlos Angel		
Street Address 10 Jasmine Lane			Street Address 10 Jasmine Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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

RECEIVED STATE SECRETARY OF STATE MAY 11 10 58 AM '04

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



FILED 20*

File Date: **MAY 04 2004**
Check No.: **By M 30034 GAB**
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: **Carlos Angel** Date: **4-27/04.**
Print or Type Name of Officer: **Carlos Angel**
Title of Officer: **President**