



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Meelad Chammas

Street Address

374 Plainfield Street

City

Providence

State

RI

Zip

02909

Vice President Name

Meelad Chammas

Street Address

374 Plainfield Street

City

Providence

State

RI

Zip

02909

Secretary Name

Meelad Chammas

Street Address

374 Plainfield Street

City

Providence

State

RI

Zip

02909

Treasurer Name

Meelad Chammas

Street Address

374 Plainfield Street

City

Providence

State

RI

Zip

02909

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

Director Name

N/A

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 NO PAR VALUE

common

no par value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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



* 5 5 4 2 0 *

File Date: 1-14-03

Check No.: 13248

By: ak

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.

Meelad Chammas, Pres. 1-10-03
Signature of Officer Date

MEELAD CHAMMAS
Print or Type Name of Officer
President

Title of Officer
5

Form 630 12/02