

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cc/d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 511289	2. Name of Corporation West Side Service, Inc				
3. Street Address Principal Business Office 1557 West Side Rd.		City New Shoreham	State RI	<i>Zip</i> 02807	
4. Bustness Phone No. 5. State of Incorporation RI			I		
6. Brief Description of the Character of Truck & automobile repair s	of Business Conducted in R ervice	bode Island			
7. NAMES AND ADDRESSES President Name Robert F. Fitzpatrick	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [FILL IN SPACE Vice President Name	CES BEFORE USING	ATTACHMENTS
Street Address PO Box 1254			Street Address		
City New Shoreham	State RI	^{Zip} 02807	City	State	Zip
Secretary Name Robert F. Fitzpatrick			Treasurer Name Robert F. Fitzpatrick		
Street Address PO Box 1254			Street Address PO Box 1254		
City New Shoreham	Siate RI	^{Zip} 02807	City New Shoreham	State RI	^{Zip} 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name Robert F. Fitzpatrick			ACHMENT) TELL IN SPACES BEFORE USING ATT Director Name		IG ATTACHMENTS
Sireet Address PO Box 1254			Street Address		FEB RETAIN
City New Shoreham Director Name	State RI	<i>Zip</i> 02807	City Director Name	State	ATION
Street Address			Street Address		
City	State	Zip	City	State	
9. SHARES AUTHORIZED			10. SHARES ISSUED (*2) ISSUED SHARES — THIS SECTIO	(* BOX FOR ATTAC	· -
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	Common	No par
This report must be executed this report must be executed or	on behalf of the corpo	oration by an authorize oration by the receiver of FILED	nr trustee.		s of a receiver or trustee,
		FEB 2 3 201	including any accompa companed highlin are th	nying schedules and sta	atements, and that all statemen
File Date	ВУ	D-164571	Signapure	<u> </u>	Z Z Z Date
Check No.			Robert F. Fitzp: Print or Type Name	atrick	
FOR SECRETARY OF STA	TE USE ONLY		President		
			Title		