



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>698138</u>	2. Exact name of the Corporation <u>Heavenly Tires Services Inc</u>		
3. Principal office address <u>48 Armento St</u>		City <u>Johnston</u>	State <u>RI</u>
4. Business Phone No. <u>401 855 1825</u>		5. State of Incorporation <u>RI</u>	

6. Brief description of the character of business conducted in Rhode Island  
Tire Repair

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)**

President Name <u>Hermundo Severino</u>			Vice-President Name		
Street Address <u>23 Atlantic Av</u>			Street Address		
City <u>providence</u>	State <u>RI</u>	Zip <u>02907</u>	City	State	Zip
Secretary Name <u>Inez Traver</u>			Treasurer Name		
Street Address <u>25 Cantara St</u>			Street Address		
City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>	City	State	Zip

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)**

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

2012 JUN - 7 AM 11:57  
 SECRETARY OF STATE  
 CORPORATIONS DIV

**9. SHARES AUTHORIZED**  **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

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
	<u>100.00</u>	<u>STK</u>	<u>0.0100</u>

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.

**FILED**

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

JUN 07 2012  
 By: [Signature]  
12141

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 Authorized Representative: Hermundo Severino Date: 6/7/12  
 Print or Type Name of Authorized Representative: Hermundo Severino