



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. 7353 | | 2. Exact name of the Corporation SERVICE CONVENIENCE INC. | |
| 3. Principal office address 96 CONGDOON AVE | | City NORTH PROVIDENCE | State RI |
| 4. Business Phone No. 401-294-9238 | | Zip 02952 | |
| 5. State of Incorporation RI | | | |
| 6. Brief description of the character of business conducted in Rhode Island AUTO REPAIR | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| President Name STEPHEN PAQUIN | | Vice-President Name LORI MARDEN | |
| Street Address 96 CONGDOON AVE | | Street Address 20 ELAM ST | |
| City NK | State RI | City NK | State RI |
| Zip 02952 | | Zip 02952 | |
| Secretary Name STEPHEN PAQUIN | | Treasurer Name GREGORY PAQUIN | |
| Street Address 96 CONGDOON AVE | | Street Address 96 CONGDOON AVE | |
| City NK | State RI | City NK | State RI |
| Zip 02952 | | Zip 02952 | |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| Director Name STEPHEN PAQUIN | | Director Name BRIAN PAQUIN | |
| Street Address 96 CONGDOON AVE | | Street Address 96 CONGDOON AVE | |
| City NK | State RI | City NK | State RI |
| Zip 02952 | | Zip 02952 | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 9. SHARES AUTHORIZED | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | |
| 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 100 NO PAR | CLASS/SERIES NO PAR |
| | | | PAR VALUE |

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.

File Date _____

Check No _____

By: _____

FILED

JUN 21 2012

FOR SECRETARY OF STATE USE ONLY

Form No. 636
Revised: 01/2012

By mmc
CR # 4374

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

Date

Print or Type Name of Authorized Representative