



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.	2. Exact name of the Corporation				
7353	SERVICE CONVENIENCE INC.				
3. Principal office address	City	State	Zip		
96 CONCORD AVE	North Providence	RI	02852		
4. Business Phone No.	5. State of Incorporation				
501-294-9238					
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 ROBIN	Vice-President Name LORI MARDEN				
Street Address 96 CONCORD AVE	Street Address 20 PLUM ST				
City NK	State RI	Zip 02852	City NK		
Secretary Name STEPHEN ROBIN	Treasurer Name GREGORY FRANIN				
Street Address 96 CONCORD AVE	Street Address 96 CONCORD AVE				
City NK	State RI	Zip 02852	City NK		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name STEPHEN ROBIN	Director Name BRIAN FRANIN				
Street Address 96 CONCORD AVE	Street Address 96 CONCORD AVE				
City NK	State RI	Zip 02852	City NK		
Director Name	Director Name				
Street Address	Street Address				
City	State	Zip	City		
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	CLASS/SERIES	PAR VALUE
100 NO PAR			100 NO PAR		

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 _____

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.

Check No _____

6/10/12

By: _____

FILED

JUN 21 2012

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Representative

Print or Type Name of Authorized Representative