



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 CONCOON AVE			City NORTH PROVIDENCE	State RI	Zip 02952
4. Business Phone No. 401-294-9238		5. State of Incorporation			
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 CONCOON AVE			Street Address 20 ELAM ST		
City NK	State RI	Zip 02952	City NK	State RI	Zip 02952
Secretary Name STEPHEN PAQUIN			Treasurer Name GREGORY PAQUIN		
Street Address 96 CONCOON AVE			Street Address 96 CONCOON AVE		
City NK	State RI	Zip 02952	City NK	State RI	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 CONCOON AVE			Street Address 96 CONCOON AVE		
City NK	State RI	Zip 02952	City NK	State RI	Zip 02952
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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. 100 NO PAR			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 21 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