



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 2013

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>83268</u>		2. Exact name of the Corporation <u>Gilbert's Auto Service, Inc.</u>			
3. Principal office address <u>245 Franklin Street</u>		City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	
4. Business Phone No. <u>401 2539975</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief description of the character of business conducted in Rhode Island <u>automotive repair</u>					

9. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <u>Gilbert L. Almeida</u>			Vice-President Name <u>Claudette Almeida</u>		
Street Address <u>84 Perry Street</u>			Street Address <u>84 Perry Street</u>		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>		
Street Address <u>NONE</u>			Street Address <u>NONE</u>		
City	State	Zip	City	State	Zip

10. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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

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
		<u>8,000. no par value</u>	<u>NONE</u>	<u>---</u>
		<u>---</u>	<u>---</u>	<u>---</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.

File Date _____
 Check No. _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

FILED
FILED

JAN 10 2013

BY 9135

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.

Claudette Almeida 1-8-2013
 Signature of Authorized Representative Date

Claudette Almeida
 Print or Type Name of Authorized Representative