



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. 24724		2. Exact name of the Corporation JOE'S SERVICE STATION, INC.			
3. Principal office address 40 NATHANIEL GREEN DRIVE		City WARWICK	State RI	Zip 02818	
4. Business Phone No. (401) 884-6565		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island GASOLINE SERVICE STATION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name SANDRA J. PADULA			Vice-President Name THOMAS J. PADULA		
Street Address 88 WOOD COVE DRIVE			Street Address 139 HENRY BROWN ROAD		
City COVENTRY	State RI	Zip 02816	City WEST GREENWICH	State RI	Zip 02817
Secretary Name THOMAS J. PADULA			Treasurer Name SANDRA J. PADULA		
Street Address 139 HENRY BROWN ROAD			Street Address 88 WOOD COVE DRIVE		
City WEST GREENWICH	State RI	Zip 02817	City COVENTRY	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name SANDRA J. PADULA			Director Name NONE		
Street Address 88 WOOD COVE DRIVE			Street Address NONE		
City COVENTRY	State RI	Zip 02816	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
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
			1,000	COMMON	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.

FILED

File Date _____

Check No _____

By: _____

JAN 17 2013

By MNC

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.

Sandra J. Padula 1/15/2013
 Signature of Authorized Representative Date

SANDRA J. PADULA

Print or Type Name of Authorized Representative