



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. 000004529		2. Exact name of the Corporation COLUMBUS SERVICE, INC.					
3. Principal office address 298 MONTGOMERY AVE.		City CRANSTON	State R.I.	Zip 02905			
4. Business Phone No. 401-941-9473		5. State of Incorporation R.I.					
6. Brief description of the character of business conducted in Rhode Island AUTOMOBILE REPAIRS							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name RICHARD F. CARPENTER		Vice-President Name RICHARD F. CARPENTER					
Street Address 298 MONTGOMERY AVE.		Street Address 298 MONTGOMERY AVE.					
City CRANSTON	State R.I.	Zip 02905	City CRANSTON	State R.I.	Zip 02905		
Secretary Name RICHARD F. CARPENTER		Treasurer Name RICHARD F. CARPENTER					
Street Address 298 MONTGOMERY AVE.		Street Address 298 MONTGOMERY AVE.					
City CRANSTON	State R.I.	Zip 02905	City CRANSTON	State R.I.	Zip 02905		
8. 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
					600	CRP	0.00

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: _____

BY 1090

JAN 30 2013

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 Richard F. Carpenter Date 1/26/13

Print or Type Name of Authorized Representative RICHARD F. CARPENTER

FOR SECRETARY OF STATE USE ONLY