



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

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 \_\_\_\_\_

**JAN 30 2013**

Check No \_\_\_\_\_

By: \_\_\_\_\_

**BY 1090**

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* 1/26/13  
Date

Print or Type Name of Authorized Representative  
**RICHARD F. CARPENTER**

FOR SECRETARY OF STATE USE ONLY