



**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>142637</b>		2. Exact name of the Corporation <b>Rinfret &amp; Sturm's Appliance Service, Inc.</b>			
3. Principal office address <b>1015 Aquidneck Avenue - Unit 1A</b>			City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
4. Business Phone No. <b>401-324-6159</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>To own and operate a household and business appliance repair service</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name <b>Joseph D. Sturm</b>			Vice-President Name <b>Matthew T. Rinfret</b>		
Street Address <b>18 Commonwealth Avenue</b>			Street Address <b>35 Thurston Avenue - Apt. 2</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Same as above</b>			Treasurer Name <b>Same as above</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>N/A</b>			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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
			0	common	N/A

*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**  
**MAR 26 2013**  
**3708**

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.

*David F. Fox*      3/25/13  
 Signature of Authorized Representative      Date  
**David F. Fox, Esq./Assistant Secretary**  
 Print or Type Name of Authorized Representative

**RE: Rinfret & Sturm's Appliance Service, Inc. ID #142637**

ATTACHMENT TO  
SECTION 8. - Names & Addresses of Officers

**Assistant Secretary -**

David F. Fox, Esq.  
LAW OFFICES OF DAVID F. FOX  
Middletown Commons  
850 Aquidneck Avenue B-11  
Middletown, RI 02842

FILED

MAR 26 2019

BY 142637