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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 2014

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.	2. Exact name of the Corporation		
7689	**HILLSGROVE SERVICENTER, INC.**		
3. Principal office address: **1965 Post Road**	City: **Warwick**	State: **RI**	Zip: **02886**
4. Business Phone No.: **401-737-3818**	5. State of Incorporation: **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island: **Auto service.**			

OFFICERS (CHECK BOX FOR ATTACHMENT) ☐

President Name: **Arthur A. DeFrance**	Vice-President Name: **Peter A. DeFrance**
Street Address: **1965 Post Road**	Street Address: **1965 Post Road**
City: **Warwick** State: **RI** Zip: **02886**	City: **Warwick** State: **RI** Zip: **02886**
Secretary Name: **Paul Ainsworth**	Treasurer Name: **Paul Ainsworth**
Street Address: **1965 Post Road**	Street Address: **1965 Post Road**
City: **Warwick** State: **RI** Zip: **02886**	City: **Warwick** State: **RI** Zip: **02886**

DIRECTORS (CHECK BOX FOR ATTACHMENT) ☐

Director Name: **Arthur A. DeFrance**	Director Name: **Peter A. DeFrance**
Street Address: **1965 Post Road**	Street Address: **1965 Post Road**
City: **Warwick** State: **RI** Zip: **02886**	City: **Warwick** State: **RI** Zip: **02886**
Director Name: **Paul Ainsworth**	Director Name:
Street Address: **1965 Post Road**	Street Address:
City: **Warwick** State: **RI** Zip: **02886**	City: State: Zip:

AUTHORIZED SHARES (CHECK BOX FOR ATTACHMENT) ☐

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
300	Common	No par value

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.

[redacted]

FILED
DEC 27 2013
BY 26847

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 — Date: 12-24-13

Arthur A. DeFrance
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
101082-3-893954