

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 201

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 nar	ne of the Corporation	· · · · · · · · · · · · · · · · · · ·	,		
7689	HILLSO	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			
Brief description of the cha Auto service.	racter of business	s conducted in Rhode Island	J	***		
	A Company of the Comp	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
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	
Director Name Arthur A. DeFrance			Director Name Peter A. DeFrance	ce	ile Andrews	
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	
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			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.			300	Common	No par value	
This report must be executed		corporation by an authorize			of a receiver or trustee,	



FILED

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 berein are true and correct.

DEC 27 2013

Signature of Authorized Representative

Date

BY 26847

Arthur A. DeFrance

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012