



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. <b>000008762</b>		2. Exact name of the Corporation <b>TAP AUTO SERVICE INC</b>								
3. Principal office address <b>25 GRAND AVE</b>		City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>						
4. Business Phone No. <b>4041-658-1144</b>		5. State of Incorporation <b>RHODE ISLAND</b>								
6. Brief description of the character of business conducted in Rhode Island <b>TRUCK REPAIRS AND INSPECTIONS</b>										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name <b>DONALD ST.GERMAIN</b>			Vice-President Name <b>ALDOR ST.GERMAIN</b>							
Street Address <b>865 DOUGLAS PIKE</b>			Street Address <b>365 ST.PAUL ST.</b>							
City <b>HARRISVILLE</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>					
Secretary Name <b>ALDOR ST.GERMAIN</b>			Treasurer Name <b>DONALD ST.GERMAIN</b>							
Street Address <b>365 ST.PAUL ST.</b>			Street Address <b>865 DOUGLAS PIKE</b>							
City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>HARRISVILLE</b>	State <b>RI</b>	Zip <b>02830</b>					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name <b>DONALD ST.GERMAIN</b>			Director Name <b>ALDOR ST.GERMAIN</b>							
Street Address <b>865 DOUGLAS PIKE</b>			Street Address <b>365 ST.PAUL ST.</b>							
City <b>HARRISVILLE</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>					
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		
						100	COMMON	NO PAR		

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 \_\_\_\_\_

**FILED**  
**JAN 15 2014**

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.

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

BY 22761

*Donald St Germain*  
 Signature of Authorized Representative

1-10-14  
 Date

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

**DONALD ST.GERMAIN**

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative