



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

[Signature]
 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