



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

**Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*** THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                    |              |                                                    |                                                                     |              |              |
|------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------|---------------------------------------------------------------------|--------------|--------------|
| 1. Corporate ID No.<br>10397                                                                                                       |              | 2. Name of Corporation<br>SGAMBATO'S SERVICE, INC. |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>603 Woonasquatucket Avenue                                                          |              |                                                    | City<br>North Providence                                            | State<br>RI  | Zip<br>02911 |
| 4. Business Phone No.<br>(401) 231-9761                                                                                            |              | 5. State of Incorporation<br>RHODE ISLAND          |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>automobile repair                                   |              |                                                    |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |                                                    |                                                                     |              |              |
| President Name<br>William Sgambato                                                                                                 |              |                                                    | Vice President Name<br>William Sgambato                             |              |              |
| Street Address<br>100 East Avenue                                                                                                  |              |                                                    | Street Address<br>100 East Avenue                                   |              |              |
| City<br>North Providence                                                                                                           | State<br>RI  | Zip<br>02911                                       | City<br>North Providence                                            | State<br>RI  | Zip<br>02911 |
| Secretary Name<br>William Sgambato                                                                                                 |              |                                                    | Treasurer Name<br>William Sgambato                                  |              |              |
| Street Address<br>100 East Avenue                                                                                                  |              |                                                    | Street Address<br>100 East Avenue                                   |              |              |
| City<br>North Providence                                                                                                           | State<br>RI  | Zip<br>02911                                       | City<br>North Providence                                            | State<br>RI  | Zip<br>02911 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |                                                    |                                                                     |              |              |
| Director Name                                                                                                                      |              |                                                    | Director Name                                                       |              |              |
| Street Address                                                                                                                     |              |                                                    | Street Address                                                      |              |              |
| City                                                                                                                               | State        | Zip                                                | City                                                                | State        | Zip          |
| Director Name                                                                                                                      |              |                                                    | Director Name                                                       |              |              |
| Street Address                                                                                                                     |              |                                                    | Street Address                                                      |              |              |
| City                                                                                                                               | State<br>RI  | Zip<br>02908                                       | City                                                                | State        | Zip          |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                             |              |                                                    | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |              |
| AUTHORIZED SHARES                                                                                                                  |              |                                                    | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |              |              |
| Number of Shares                                                                                                                   | Class/Series | Par Value                                          | Number of Shares                                                    | Class/Series | Par Value    |
| 100 COMMON NO PAR VALUE                                                                                                            |              |                                                    | 50                                                                  | 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.

|                                 |
|---------------------------------|
| File Date _____                 |
| Check No. _____                 |
| By: _____                       |
| FOR SECRETARY OF STATE USE ONLY |

FILED  
MAR 05 2014  
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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.

William Sgambato 2/24/14  
Signature Date  
William Sgambato  
Print or Type Name  
President  
Title