



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 2012

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. 72776		2. Exact name of the Corporation RESERVOIR AVENUE AUTO SERVICE, INC.		
3. Principal office address 271 RESERVOIR AVE		City PROVIDENCE	State RI	Zip 02907
4. Business Phone No. 401-941-6560		5. State of Incorporation 06/02/1993		
6. Brief description of the character of business conducted in Rhode Island AUTO REPAIRS				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
President Name RICHARD CANDJON		Vice-President Name PETER CANDJON		
Street Address 986 MAIN AVE		Street Address 986 MAIN AVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI
Secretary Name PETER CANDJON		Treasurer Name		
Street Address 986 MAIN AVE		Street Address		
City WARWICK	State RI	Zip 02886	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
Director Name RICHARD CANDJON		Director Name PETER CANDJON		
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE		
City	State	Zip	City	State
Director Name PAUL CANDJON		Director Name		
Street Address SAME AS ABOVE		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" 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.				

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File Date _____
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 By: _____

FILED

AUG 01 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.

Richard Candjon 6/21/14
 Signature of Authorized Representative Date
Richard Candjon
 Print or Type Name of Authorized Representative

By: *2091009*

A.A 10:54 A.M.