



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 **2015**

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. 7689		2. Exact name of the Corporation HILLSGROVE SERVICENTER, INC.			
3. Principal office address 1965 Post Road			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-739-1000			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Auto service.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Arthur A. DeFrance			Director 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
Director Name Paul Ainsworth			Director Name		
Street Address 1965 Post Road			Street Address		
City Warwick	State RI	Zip 02886	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.					

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: _____

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 herein are true and correct.

Arthur A. DeFrance 12-18-14
 Signature of Authorized Representative Date

Arthur A. DeFrance

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

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