



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. 112025		2. Exact name of the Corporation Sam's Community Service Station, Inc.			
3. Principal office address 2 Mount Pleasant Avenue		City Providence	State RI	Zip 02908	
4. Business Phone No. (401) 831-9278		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF REPAIRING MOTOR VEHICLES OF ALL KINDS; TO SELL PARTS RELATED TO SUCH A BUSINESS, INCLUDING OILS, GREASE, ANTI-FREEZE, TIRES, ETC.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name SAMIR MELKOUN			Vice-President Name PATRICIA A. MELKOUN		
Street Address 550 Pippin Orchard Road			Street Address 550 Pippin Orchard Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name PATRICIA A. MELKOUN			Treasurer Name SAMIR MELKOUN		
Street Address 550 Pippin Orchard Road			Street Address 550 Pippin Orchard Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name SAMIR MELKOUN			Director Name PATRICIA A. MELKOUN		
Street Address 550 Pippin Orchard Road			Street Address 550 Pippin Orchard Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 8,000; Common; \$0.01 Par			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
			200	Common	\$0.01

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.

FILED

File Date _____

FEB 05 2015

Check No _____

By: **BY 3010**

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.

Samir Melkoun
Signature of Authorized Representative

1/27/15
Date

SAMIR MELKOUN

Print or Type Name of Authorized Representative

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