RI SOS Filing Number: 201561986310 Date: 05/27/2015 12:41 PM

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.	2. Name of Corporation		
156825	COLOMBIA AUTO SERVICES INC.		
3. Street Address Principal Business Office	City	State	Zip
1160 WESTMINSTER ST.	PROVIDENCE	RI	02909
4. Business Phone No.	5. State of Incorporation		
401- 744-6955	RI		

6. Brief Description of the Character of Business Conducted in Rhode Island
GAS STATION

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
ELIZABETH ESQUIAQUI	GREGORY BLANCHARD
Street Address	Street Address
667 GEO. WASHINGTON HWY	55 MILTON AVE.
City / State / Zip	City / State / Zip
LINCOLN / RI / 02865	N. SMITHFIELD / RI / 02896
Secretary Name	**Treasurer Name**
LUIS BLONCO	ELIZABETH ESQUIAQUI
Street Address	Street Address
47 YALE ST.	SAME
City / State / Zip	City / State / Zip
PROVIDENCE / RI / 02909	

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ 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 / Zip	City / State / Zip

2015 MAY 27 PM 12:40 SECRETARY OF STATE

9. SHARES AUTHORIZED 100

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
NONE	COMMON	0.01
THIS SECTION MUST BE COMPLETED		

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.

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

FILED
MAY 27 2015
249681
By A.A. 12:41pm

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.

Elizabeth Esquiaqui 5/27/15
Signature *Date*

Elizabeth ESQUIAQUI
Print or Type Name

President
Title

121264-4-1035688

Form 630 Rev. 08/08