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 2016

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.	2. Exact name of the Corporation
111996	JERRY'S SERVICE Inc.

3. Principal office address	City	State	Zip
1101 HOPE STREET	PROVIDENCE	RI	02906

4. Business Phone No.	5. State of Incorporation
401-831-9268	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island

FULL SERVICE GASOLINE STATION WITH AUTO REPAIR

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
PETER BENNETT	
Street Address: PO BOX 218	Street Address:
City: SILVER LAKE, State: NH, Zip: 03875	City, State, Zip:
Secretary Name: M. SUSAN BENNETT	Treasurer Name:
Street Address: PO BOX 218	Street Address:
City: SILVER LAKE, State: NH, Zip: 03875	City, State, Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	NONE		

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
JAN 21 2016
BY HL 5276

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.

Peter Bennett 01/17/16
Signature of Authorized Representative — Date

PETER BENNETT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012