

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. 31936		2. Exact name of the Corporation PROVIDENCE LACQUER & SUPPLY CENTRE, INC.			
3. Principal office address 1155 Park Avenue			City Cranston	State RI	Zip 02910
4. Business Phone No. 401-943-1700			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE AUTO BODY SUPPLIES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Brian J. Keough			Vice-President Name Peter E. Kilkenney		
Street Address 200 Cannon Street #101			Street Address 142 Kimberly Lane		
City Cranston	State RI	Zip 02920	City West Warwick	State RI	Zip 02893
Secretary Name Patricia A. Keough			Treasurer Name Brian J. Keough		
Street Address 200 Cannon Street #101			Street Address 200 Cannon Street 101		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Brian J. Keough			Director Name Peter E. Kilkenney		
Street Address 200 Cannon Street #101			Street Address 142 Kimberly Lane		
City Cranston	State RI	Zip 02920	City West Warwick	State RI	Zip 02893
Director Name Patricia A. Keough			Director Name Lynn M. Kilkenney		
Street Address 200 Cannon Street #101			Street Address 142 Kimberly Lane		
City Cranston	State RI	Zip 02920	City West Warwick	State RI	Zip 02893
9. SHARES AUTHORIZED					
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) <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON Class A Voting	No par
			1000	COMMON Class B NonVoting	No par

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

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.

Signature of Authorized Representative

Date _____

Brian J. Keough

Print or Type Name of Authorized Representative

FILED

FEB 03 2016

KL 2575