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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
4353	SERVICE CONVENIENCE

3. Principal office address	City	State	Zip
96 CONGDON AVE.	NORTH KINGSTOWN	RI	02852

4. Business Phone No.	5. State of Incorporation
401-294-4238	S-CORP.

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

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

President Name	Vice-President Name
STEPHEN PAQUIN	LORI WARDEN
Street Address: 96 CONGDON AVE	Street Address: 27 MILL POND RD
City: N K / State: RI / Zip: 02852	City: EXETER / State: RI / Zip:
Secretary Name	**Treasurer Name**
STEPHEN PAQUIN	LORI WARDEN
Street Address: 96 CONGDON AVE.	Street Address: 96 CONGDON AVE
City: N K / State: RI / Zip: 02852	City: N K / State: RI / Zip: 02852

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

Director Name	Director Name
STEPHEN PAQUIN	
Street Address: 96 CONGDON AVE	Street Address
City: N K / State: RI / Zip: 02852	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) ☐		
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
100 NO PAR	100	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 2/16/16
Check No 5854

FOR SECRETARY OF STATE USE ONLY

FILED
FEB 16 2016
BY 5257 DS

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 2/13/16

STEPHEN PAQUIN
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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