



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. 19730		2. Exact name of the Corporation Insta-Matic Vending Service, Inc.			
3. Principal office address 1301 Jefferson Boulevard		City Warwick	State RI	Zip 02886	
4. Business Phone No. (401) 738-6664		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Install and maintain automatic vendor machines.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name M. David Elwell			Vice-President Name Michael D. Elwell		
Street Address 85 North Cobble Hill Road			Street Address 85 North Cobble Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Phyllis D. Elwell			Treasurer Name M. David Elwell		
Street Address 85 North Cobble Hill Road			Street Address 85 North Cobble Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name M. David Elwell			Director Name Phyllis D. Elwell		
Street Address 85 North Cobble Hill Road			Street Address 85 North Cobble Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Judith Dale Elwell			Director Name Michael D. Elwell		
Street Address 85 North Cobble Hill Road			Street Address 85 North Cobble Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. SHARES AUTHORIZED			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
			100	Common	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

FILED
MAR 03 2016

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.

M. David Elwell 2/18/16
Signature of Authorized Representative Date
M. David Elwell
Print or Type Name of Authorized Representative