



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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 reports within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 149156		2. Name of Corporation Oaklawn Auto Service, Inc.			
3. Street Address Principal Business Office 975 Oaklawn Avenue			City Cranston	State Rhode Island	Zip 02920
4. Business Phone No. 401-942-9748		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Service and maintenance of motor vehicles and any other lawful purpose					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Frank Paul Gervasio			Vice President Name Frank Paul Gervasio		
Street Address 9 Cecilia Drive			Street Address 9 Cecilia Drive		
City Johnston	State Rhode Island	Zip 02919	City Johnston	State Rhode Island	Zip 02919
Secretary Name Frank Paul Gervasio			Treasurer Name Frank Paul Gervasio		
Street Address 9 Cecilia Drive			Street Address 9 Cecilia Drive		
City Johnston	State Rhode Island	Zip 02919	City Johnston	State Rhode Island	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Frank Paul Gervasio			Director Name		
Street Address 9 Cecilia Drive			Street Address		
City Johnston	State Rhode Island	Zip 02919	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) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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 500	Class/Series Common	Par Value No par value	

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.

FILED

MAR 03 2016

KL 8768

File Date _____ BY _____
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 _____ Date 2/29/16
Frank P. Gervasio
Print or Type Name
President
Title