



**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. <u>156825</u>		2. Exact name of the Corporation <u>COLOMBIA AUTO SERVICE CORP</u>		
3. Principal office address <u>1160 WESTMINSTER ST.</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>
4. Business Phone No. <u>744-6955</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>GAS STATION</u>				

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

President Name <u>Elizabeth Esquiagui</u>			Vice-President Name <u>Luis Bianco</u>		
Street Address <u>667 George Washington Hwy</u>			Street Address <u>47 YAK AVE.</u>		
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>PROV.</u>	State <u>RI</u>	Zip <u>02908</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 (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
	<u>0</u>	<u>COMMON</u>	<u>0</u>

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: \_\_\_\_\_  
 Checked By: \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**  
 MAR 31 2016  
 KL 2407

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.

Elizabeth Esquiagui 1/22/16  
 Signature of Authorized Representative Date

Elizabeth Esquiagui  
 Print of Type Name of Authorized Representative