

**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.  000069407		2. Exact name of the Corporation  JT'S AUTO SERVICE INC			
3. Principal office address 53 GREENVILLE AVE			City JOHNSTON	State RI	Zip 02919-4213
4. Business Phone No. 401-831-9287			5. State of Incorporation RI		
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) <input type="checkbox"/>					
President Name JOHN TOMASSO			Vice-President Name DEBRA TOMASSO		
Street Address 1355 Douglas Pike			Street Address 1355 Douglas Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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) <input type="checkbox"/>					
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			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
			1000	COMMON	0

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**

OCT 14 2016

By

13854  
LL

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.

*Debra Tomasso* 10/11/16  
 Signature of Authorized Representative Date

DEBRA TOMASSO

Print or Type Name of Authorized Representative