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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2017
Corporation	

FILED
JAN 2 3 2017 0

→ Filing period: January 1 - March 1

Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fe	e if form is not fil	led by April 1.		34	1980)	
1. Entity ID Number 40026	2. Exact name of Fred's Service	f the Corporation Center, Inc.					
Principal Office Address 3730 Pawtucket Avenue			City East Provide	dence	State RI	Zip 02915	
4. NAICS Code	6. Brief description	on of the character	of business	conducted in Rhode Is	sland		
81 - Other Services (except Pul		and all types of me					
5. State of Incorporation		••					
Rhode Island							
7. List ALL officers (names and add	resses)			Check	the box to i	ndicate an attachment	
President Name Frederick A. Vinhat	teiro		Vice-Presiden	Patricia A. Vi			
Street Address 78 Read Street		Street Address 78 Read Street					
	State RI	^{Zip} 02915	City East Providence		State RI	^{Zip} 02915	
Secretary Name Patricia A. Vinhatei							
Street Address 78 Read Street			Street Address	s 78 Read Street			
East Providence	State RI	^{Zip} 02915	City East Providence		State RI	^{Zip} 02915	
8. List ALL directors (names and add	dresses)				he box to in	ndicate an attachment 🔲	
Director Name NONE			Director Name			•	
Street Address			Street Address	5			
	State	Zip	City		State	Zip	
Director Name	Director Name						
Street Address S			Street Address				
City	State	Zip	City	· · · · · · · · · · · · · · · · · · ·	State	Zíp	
9. Shares Authorized		10. Shares Issued			he box to ir	ndicate an attachment	
This information is currently of record Department of State.	in the	NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
Changes require an additional filing.		100		Common		No Par	
11. This report must be executed on	behalf of the con	poration by an auth	norized repres	sentative. If the corpor	ation is in t	he hands of a receiver or	
<u>trustee, this report must be executed</u>	d on behalf of the	corporation by the	receiver or to	ustee.			
Under penaity of perjury, I declare statements, and that all statement	: and aπirm that i is contained here	। have examıned । ein are true and ç	this report, II :orrect.	ncluding any accom	panying so	hedules and	
Name of Authorized Representative			******		Date	/ /	
Frederick A. Vinhateiro					/	1/16/17	
Signature of Authorized Representat		SIGN DOCUM				' /	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov