



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILLED

JAN 25 2017

BY 3805

1. Entity ID Number 64359		2. Exact name of the Corporation AUTOMATIC VENDING SERVICES, INC.			
3. Principal Office Address 849 UNION STREET			City PORTSMOUTH	State RI	Zip 02871
4. NAICS Code 81	6. Brief description of the character of business conducted in Rhode Island WHOLESALE PURCHASE AND RESALE OF TOBACCO PRODUCTS				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILLIAM J. CARAGIANIS			Vice-President Name WILLIAM CARAGIANIS		
Street Address 849 UNION STREET			Street Address 849 UNION STREET		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	COMMON	NO PAR	
11. 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. 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.					
Name of Authorized Representative <i>William J. Caragianis</i> WILLIAM J CARAGIANIS					Date 1-16-17
Signature of Authorized Representative <i>William J. Caragianis</i>					

MAIL TO:
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 Website: www.sos.ri.gov