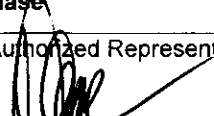
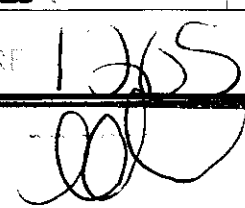




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 904058		2. Exact name of the Corporation DEALER SPECIALTY SERVICES, INC			
3. Principal Office Address 59 Red Cedar Drive			City Cranston	State RI	Zip 02920
4. NAICS Code 54 - Professional, Scientific, and		6. Brief description of the character of business conducted in Rhode Island AUTOMOBILE SERVICE CONTRACTS AND AUTOMOBILE PRODUCTS, TRAINING AND INCOME DEVELOPMENT			
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 A. Jeffrey Chase			Vice-President Name Kathleen A. Chase		
Street Address 59 Red Cedar Drive			Street Address 59 Red Cedar Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Kathleen A. Chase			Treasurer Name A. Jeffrey Chase		
Street Address 59 Red Cedar Drive			Street Address 59 Red Cedar Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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
		1000		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 A. Jeffrey Chase				Date 01/27/17	
Signature of Authorized Representative 				FILED FEB 02 2017 	
SIGN DOCUMENT HERE					