



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 83496		2. Exact name of the Corporation Providence Street Garage, Inc.			
3. Principal Office Address 326 Providence Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 81 - Other Services (except Put		6. Brief description of the character of business conducted in Rhode Island Operation, management and control of a motor vehicle repair facility.			
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 James V. Petrarca			Vice-President Name Sheryl A. Petrarca		
Street Address Three Blossom Lane			Street Address Three Blossom Lane		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
Secretary Name Sheryl A. Petrarca			Treasurer Name James V. Petrarca		
Street Address Three Blossom Lane			Street Address Three Blossom Lane		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James V. Petrarca			Director Name		
Street Address Three Blossom Lane			Street Address		
City Scituate	State RI	Zip 02831	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			600		Common
					PAR VALUE
					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 James V. Petrarca					Date 2/1/17
Signature of Authorized Representative 					FILED
					FEB 10 2017

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

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