



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 156825		2. Exact name of the Corporation COLOMBIA AUTO SERVICES INC.			
3. Principal Office Address 1160 WESTMINSTER ST			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 3558		6. Brief description of the character of business conducted in Rhode Island GAS STATION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NAHON SANCHEZ			Vice-President Name GREGORY BLANCHARD		
Street Address 667 GEO. WASHINGTON HWY			Street Address 55 MILTON DR		
City LINCOLN	State RI	Zip 02865	City N. SMITHFIELD	State RI	Zip 02896
Secretary Name LUIS BLANCO			Treasurer Name ELIZABETH ESQUIAQUI		
Street Address 47 YALE ST			Street Address 667 GEO. WASHINGTON HWY		
City PROVIDENCE	State RI	Zip 02909	City LINCOLN	State RI	Zip 02865
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
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 Elizabeth Esquiaqui				Date 2/2/17	
Signature of Authorized Representative <i>Elizabeth Esquiaqui</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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