



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 <b>10397</b>		2. Exact name of the Corporation <b>SGAMBATO'S SERVICE, INC.</b>			
3. Principal Office Address <b>603 Woonasquatucket Avenue</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
4. NAICS Code <b>44-45 - Retail Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>automobile repair</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>William Sgambato</b>			Vice-President Name <b>William Sgambato</b>		
Street Address <b>100 East Avenue</b>			Street Address <b>100 East Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Secretary Name <b>William Sgambato</b>			Treasurer Name <b>William Sgambato</b>		
Street Address <b>100 East Avenue</b>			Street Address <b>100 East Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>50</b>	<b>Common</b>	<b>No Par Value</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>William Sgambato</b>				Date <b>1-27</b> , 2017	
Signature of Authorized Representative <i>William P. Sgambato</i>				SIGN DOCUMENT HERE <b>FEB 24 2017</b> <i>[Signature]</i>	

## MAIL TO:

Division of Business Services

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

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