



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 142637		2. Exact name of the Corporation Rinfret & Sturm's Appliance Service, Inc. d/b/a Rinfret's Appliance Service												
3. Principal Office Address 1015 Aquidneck Avenue - Unit 1A			City Middletown	State RI	Zip 02842									
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island To own and operate a household and business appliance repair service.													
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 Joseph D. Sturm			Vice-President Name Matthew T. Rinfret											
Street Address 18 Commonwealth Avenue			Street Address 35 Thurston Avenue - Apt.2											
City Barrington	State RI	Zip 02806	City Newport	State RI	Zip 02840									
Secretary Name Joseph D. Sturm			Treasurer Name Matthew T. Rinfret											
Street Address See Above			Street Address See Above											
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 None			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 Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0	Common	No Par Value			
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0	Common	No 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 <i>David F. Asst Secy</i>				Date 3/7/2017										
Signature of Authorized Representative														
SIGN DOCUMENT HERE														

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

FILED

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