



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

DEC 26 2017

BY

29969

1. Entity ID Number 7089		2. Exact name of the Corporation HILLSGROVE SERVICENTER, INC.	
3. Principal Office Address 1965 Post Road		City Warwick	State RI
		Zip 02886	
4. NAICS Code 423120	6. Brief description of the character of business conducted in Rhode Island Auto 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 Arthur A. DeFrance		Vice-President Name Peter A. DeFrance	
Street Address 1965 Post Road		Street Address 1965 Post Road	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
Secretary Name Paul Ainsworth		Treasurer Name Paul Ainsworth	
Street Address 1965 Post Road		Street Address 1965 Post Road	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Arthur A. DeFrance		Director Name Peter A. DeFrance	
Street Address 1965 Post Road		Street Address 1965 Post Road	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
Director Name Paul Ainsworth		Director Name	
Street Address 1965 Post Road		Street Address	
City Warwick	State RI	City	State
Zip 02886		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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		300	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 Arthur A. DeFrance, President		Date 12-22-17	
Signature of Authorized Representative <i>Arthur A. DeFrance</i>		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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