



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.

1. Entity ID Number <u>0008866</u>		2. Exact name of the Corporation <u>Vinnie Duva's Station INC</u>	
3. Principal Office Address <u>435 Mt Pleasant Ave</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02908</u>	
4. NAICS Code <u>424710</u>	6. Brief description of the character of business conducted in Rhode Island <u>Purchase, sale and distribution of Petroleum Products</u>		
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Kenneth V Duva</u>		Vice-President Name	
Street Address <u>11 Great View Ave</u>		Street Address	
City <u>No. Prov</u>	State <u>RI</u>	Zip <u>02904</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Kenneth V Duva</u>		Director Name	
Street Address <u>11 Great View Ave</u>		Street Address	
City <u>No Prov</u>	State <u>RI</u>	Zip <u>02904</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES <u>1500</u>	CLASS/SERIES <u>Common</u>
		PAR VALUE <u>NO PAR VALUE</u>	
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 <u>Kenneth V Duva</u>		Date <u>12/28/2017</u>	
Signature of Authorized Representative <u>Kenneth V Duva</u>		SEEN 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

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JAN 02 2018

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