



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

JAN 18 2018

BY

Handwritten initials and signature

1. Entity ID Number 000161220		2. Exact name of the Corporation CONTI'S SERVICE, INC.			
3. Principal Office Address 226 Warwick Avenue			City Cranston	State RI	Zip 02905
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE REPAIR			
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 JOHN B. CONTI			Vice-President Name JOHN B. CONTI		
Street Address 10B Hartford Pike			Street Address 10B Hartford Pike		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name JOHN B. CONTI, JR.			Treasurer Name JOHN B. CONTI		
Street Address 9 Sherri Drive			Street Address 10B Hartford Pike		
City North Providence	State RI	Zip 02911	City North Scituate	State RI	Zip 02857
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			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
			100 Shares	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 JOHN B. CONTI					Date 1/16/18
Signature of Authorized Representative <i>[Handwritten Signature]</i>			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