



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

\$50.00

Annual Report for the year: 2018
 Corporation

1/15/2018
ck # 144
DEPT of State Annual Report

- 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 24724		2. Exact name of the Corporation Joe's Service Station, Inc.			
3. Principal Office Address 88 Wood Cove blvne		City Coventry	State R-I	Zip 02816	
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Rental of Real Estate			
5. State of Incorporation R-I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sandra J. Padula			Vice-President Name Thomas J. Padula		
Street Address 88 Wood Cove blvne			Street Address 139 Henry Brown Road		
City Coventry	State R.I.	Zip 02816	City West Greenwich	State R.I.	Zip 02817
Secretary Name Thomas J. Padula			Treasurer Name Sandra J. Padula		
Street Address 139 Henry Brown Road			Street Address 88 Wood Cove blvne		
City W. Greenwich	State R.I.	Zip 02817	City Coventry	State R.I.	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sandra J. Padula			Director Name None		
Street Address 88 Wood Cove blvne			Street Address None		
City Coventry	State R.I.	Zip 02816	City None	State None	Zip None
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
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
			1,000		Common No Par
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 Sandra J. Padula					Date 1/15/2018
Signature of Authorized Representative Sandra J. Padula					

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

FORM 630 - Revised: 10/2017

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