



State of Rhode Island and Providence Plantations

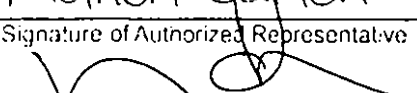
Department of State - Business Services Division

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 DNumber <u>000156825</u>		2. Exact name of the Corporation <u>COLOMBIA AUTO SERVICES INC</u>			
3. Principal Office Address <u>1160 WESTMINSTER ST</u>		City <u>PROVIDENCE</u>		State <u>RI</u>	Zip <u>02901</u>
4. NAICS Code <u>442190</u>	6. Brief description of the character of business conducted in Rhode Island <u>GAS STATION AUTO SERVICES</u>				
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>NAHUN SANCHEZ</u>			Vice-President Name		
Street Address <u>667 GEO. WASHINGTON HWY</u>			Street Address		
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City	State	Zip
Secretary Name			Treasurer Name <u>NAHUN SANCHEZ</u>		
Street Address			Street Address <u>SAME</u>		
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			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 <u>1000</u> 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.			10. Shares Issued		
			NUMBER OF SHARES <u>NONE</u>	CLASS/SES <u>COMMON</u>	PAR VALUE <u>.01</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. <u>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.</u>					
Name of Authorized Representative <u>Nahun Sanchez</u>					Date <u>01/18/18</u>
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2515
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 22 2018

BY 2853

FORM 630 - Revised: 10/2017