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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	2. Exact name of the Corporation
110123	**MELKOUN SERVICE CENTER, INC.**

3. Principal Office Address	City	State	Zip
252 Cottage Street	**Pawtucket**	**RI**	**02860**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 1121	**TO CONDUCT THE BUSINESS OF A SERVICE STATION AND A REPAIR FACILITY FOR MOTOR VEHICLES.**
5. State of Incorporation: **RHODE ISLAND**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
GEORGE MELKOUN	**24 Vista Drive**	**Lincoln**	**RI**	**02865**

Vice-President Name	Street Address	City	State	Zip
N/A				

Secretary Name	Street Address	City	State	Zip
GEORGE MELKOUN	**24 Vista Drive**	**Lincoln**	**RI**	**02865**

Treasurer Name	Street Address	City	State	Zip
GEORGE MELKOUN	**24 Vista Drive**	**Lincoln**	**RI**	**02865**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
GEORGE MELKOUN	**24 Vista Drive**	**Lincoln**	**RI**	**02865**

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	**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	Date
GEORGE MELKOUN	**February 6, 2018**

Signature of Authorized Representative: √ [signature]

FILED

FEB 08 2018

BY 3437 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017