



Department of State - Business Services Division

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CORPORATIONS
2018 FEB -9 PM 1:17

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 59909		2. Exact name of the Corporation KING'S SERVICE CENTER, INC.			
3. Principal Office Address 890 DEXTER STREET		City CENTRAL FALLS		State RI	Zip 02863
4. NAICS Code 48-49 - Transportation and War		6. Brief description of the character of business conducted in Rhode Island TO CONDUCT A SERVICE STATION BUSINESS FOR VEHICLES, TOWING AND REPAIRS NAICS CODE 488410			
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 THOMAS E. MELLEN			Vice-President Name CELESTE L. MELLEN		
Street Address 890 DEXTER STREET			Street Address 890 DEXTER STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name CELESTE L. MELLEN			Treasurer Name THOMAS E. MELLEN		
Street Address 890 DEXTER STREET			Street Address 890 DEXTER STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name THOMAS E. MELLEN			Director Name CELESTE L. MELLEN		
Street Address 890 DEXTER STREET			Street Address 890 DEXTER STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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 THOMAS E. MELLEN				Date 1/31/2018	
Signature of Authorized Representative 				FILED SIGN DOCUMENT HERE FEB 09 2018 KL 323887 1:47	