



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 112025		2. Exact name of the Corporation Sam's Community Service Station, Inc.			
3. Principal Office Address 2 Mount Pleasant Avenue			City Providence	State RI	Zip 02908
4. NAICS Code 81121		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF REPAIRING MOTOR VEHICLES OF ALL KINDS; TO SELL PARTS RELATED TO SUCH A BUSINESS, INCLUDING OILS, GREASE, ANTI-FREEZE, TIRES, ETC.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name SAMIR MELKOUN			Vice-President Name PATRICIA A. MELKOUN		
Street Address 550 Pippin Orchard Road			Street Address 550 Pippin Orchard Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name PATRICIA A. MELKOUN			Treasurer Name SAMIR MELKOUN		
Street Address 550 Pippin Orchard Road			Street Address 550 Pippin Orchard Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name SAMIR MELKOUN			Director Name PATRICIA A. MELKOUN		
Street Address 550 Pippin Orchard Road			Street Address 550 Pippin Orchard Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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 ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			200	Common	\$0.01
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 SAMIR MELKOUN				Date January 29, 2018	
Signature of Authorized Representative <i>Samir Melkoun</i>			SIGN DOCUMENT HERE MAR 02 2018 <i>6993 DS</i>		

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