



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIVISION
 2018 JUL 30 PM 3:19

1. Entity ID Number 000065939		2. Exact name of the Corporation J. Poulos' Automotive Center, Inc.			
3. Principal Office Address 85 Perry Avenue			City Warwick	State RI	
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island To engage in all activities related to the automotive repair business and any other lawful activity.			
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 James N. Poulos			Vice-President Name James N. Poulos		
Street Address 85 Perry Avenue			Street Address 85 Perry Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name James N. Poulos			Treasurer Name James N. Poulos		
Street Address 85 Perry Avenue			Street Address 85 Perry Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James N. Poulos			Director Name		
Street Address 85 Perry Avenue			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			2000	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 <i>James N. Poulos, President</i>					Date <i>7/21/18</i>
Signature of Authorized Representative <i>James N. Poulos</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

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