



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2019**  
**Corporation**

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

JAN 07 2019

BY

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1. Entity ID Number <b>007689</b>		2. Exact name of the Corporation <b>LLSGROVE SERVICENTER, INC.</b>	
3. Principal Office Address <b>1965 Post Road</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02886</b>	
4. NAICS Code <b>811111</b>	6. Brief description of the character of business conducted in Rhode Island <b>Auto service.</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Arthur A. DeFrance</b>		Vice-President Name <b>Peter A. DeFrance</b>	
Street Address <b>1965 Post Road</b>		Street Address <b>1965 Post Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02886</b>	
Secretary Name <b>Paul Ainsworth</b>		Treasurer Name <b>Paul Ainsworth</b>	
Street Address <b>1965 Post Road</b>		Street Address <b>1965 Post Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02886</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Arthur A. DeFrance</b>		Director Name <b>Peter A. DeFrance</b>	
Street Address <b>1965 Post Road</b>		Street Address <b>1965 Post Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02886</b>	
Director Name <b>Paul Ainsworth</b>		Director Name	
Street Address <b>1965 Post Road</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	City	State
Zip <b>02886</b>		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	C. ASS/SERIES
		<b>300</b>	<b>Common</b>
			<b>No par value</b>
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.			
<b>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.</b>			
Name of Authorized Representative <b>Arthur A. DeFrance, President</b>			Date <b>1-3-19</b>
Signature of Authorized Representative 			SIGN DOCUMENT HERE