



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

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

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.

1. Entity ID Number 64359		2. Exact name of the Corporation AUTOMATIC VENDING SERVICES, INC.							
3. Principal Office Address 849 UNION STREET				City PORTSMOUTH		State RI	Zip 02871		
4. NAICS Code 424590		6. Brief description of the character of business conducted in Rhode Island WHOLESALE PURCHASE AND RESALE OF TOBACCO PRODUCTS							
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 WILLIAM J. CARAGIANIS				Vice-President Name WILLIAM J. CARAGIANIS					
Street Address 849 UNION STREET				Street Address 849 UNION STREET					
City PORTSMOUTH		State RI	Zip 02871		City PORTSMOUTH		State RI	Zip 02871	
Secretary Name				Treasurer Name					
Street Address				Street Address					
City		State	Zip		City		State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
Director Name				Director Name					
Street Address				Street Address					
City		State	Zip		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		CLASS/SERIES		PAR VALUE	
				100		COMMON		NO PAR	
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. <i>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.</i>									
Name of Authorized Representative							Date		
Signature of Authorized Representative <i>William J. Caragianis</i>							SIGN DOCUMENT HERE		

FILED

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

JAN 11 2019
 BY 3934 DS FORM 630 - Revised: 10/2017