



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

FEB 14 2019

BY

5407

[Signature]

1. Entity ID Number 000104330		2. Exact name of the Corporation THURBERS AVENUE SERVICE, INC.			
3. Principal Office Address MAILING - P O BOX 9197 PROV., RI 02940-9197 (1025 EDDY ST		City PROVIDENCE		State RI	Zip 02905
4. NAICS Code 447110	6. Brief description of the character of business conducted in Rhode Island Self service gasoline, Convenience Foods and Car Wash				
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 JARROD B. FULLER			Vice-President Name CHRISTOPHER P. FULLER		
Street Address PO BOX 9197 (24 CORLISS ST. UNIT #9197)			Street Address PO BOX 9197 (24 CORLISS ST. UNIT #9197)		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
Secretary Name CLAUDETTE M. FULLER			Treasurer Name Richard E. Fuller		
Street Address PO BOX 9197 (24 CORLISS ST. UNIT #9197)			Street Address PO BOX 9197 (24 CORLISS ST. UNIT #9197)		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard E. Fuller			Director Name CLAUDETTE M. FULLER		
Street Address PO BOX 9197 (24 CORLISS ST. UNIT #9197)			Street Address PO BOX 9197 (24 CORLISS ST. UNIT #9197)		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
Director Name N/A			Director Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
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	PAR	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. 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 RICHARD E. FULLER				Date 02-09-2019	
Signature of Authorized Representative <i>Richard E. Fuller</i>					