State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED STAMP

FEB 19 2019

BY 914

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	2. Exact name of the Corporation
83496	Providence Street Garage, Inc.

3. Principal Office Address	City	State	Zip
326 Providence Street	West Warwick	RI	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811111	Operation, management and control of a motor vehicle repair facility.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

	President Name	Street Address	City	State	Zip
	James V. Petrarca	Three Blossom Lane	Scituate	RI	02831
	Vice-President Name	Street Address	City	State	Zip
	Sheryl A. Petrarca	Three Blossom Lane	Scituate	RI	02831
	Secretary Name	Street Address	City	State	Zip
	Sheryl A. Petrarca	Three Blossom Lane	Scituate	RI	02831
	Treasurer Name	Street Address	City	State	Zip
	James V. Petrarca	Three Blossom Lane	Scituate	RI	02831

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

	Director Name	Street Address	City	State	Zip
	James V. Petrarca	Three Blossom Lane	Scituate	RI	02831
	Director Name	Street Address	City	State	Zip
	Director Name	Street Address	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
600	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.

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	Date
James V. Petrarca	2/8/19

Signature of Authorized Representative: James V Petrarca — SIGN DOCUMENT HERE

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