



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2020  
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 13 2020

174

1. Entity ID Number <b>000024724</b>		2. Exact name of the Corporation <b>Jos Service Station, Inc.</b>	
3. Principal Office Address <b>88 Wood Cove blune</b>		City <b>Coventry</b>	State <b>R.I.</b>
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>Rental of Real Estate</b>	
5. State of Incorporation <b>R.I.</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>Sandra J. Padula</b>		Vice-President Name <b>Thomas J. Padula</b>	
Street Address <b>88 Wood Cove blune</b>		Street Address <b>139 Henry Brown Road</b>	
City <b>Coventry</b>	State <b>R.I.</b>	City <b>West Greenwich R.I.</b>	Zip <b>02817</b>
Secretary Name <b>Thomas J. Padula</b>		Treasurer Name <b>Sandra J. Padula</b>	
Street Address <b>139 Henry Brown Road</b>		Street Address <b>88 Wood Cove blune</b>	
City <b>W. Greenwich</b>	State <b>R.I.</b>	City <b>Coventry</b>	Zip <b>02816</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>Sandra J. Padula</b>		Director Name <b>None</b>	
Street Address <b>88 Wood Cove blune</b>		Street Address <b>None</b>	
City <b>Coventry</b>	State <b>R.I.</b>	City <b>None</b>	Zip <b>02816</b>
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address <b>None</b>		Street Address <b>None</b>	
City <b>None</b>	State <b>None</b>	City <b>None</b>	Zip <b>None</b>
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 <b>1000</b>	CLASS/SERIES <b>Common</b>
			PAY VALUE <b>No Par</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. 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 <b>Sandra J. Padula</b>		Date <b>1/9/2020</b>	
Signature of Authorized Representative <b>Sandra J. Padula</b>			

## MAIL TO:

Division of Business Services

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