



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
STAMP
 JAN 29 2020
 BY LODIA ROS

1. Entity ID Number 10218		2. Exact name of the Corporation General Armature Service, Inc.			
3. Principal Office Address 516 Broad Street			City Providence	State RI	Zip 02907
4. NAICS Code 811198		6. Brief description of the character of business conducted in Rhode Island Repairing, rebuilding & installing starters & regulators of all kinds of vehicles and acquire by purchase, lease or otherwise equipment necessary to conduct business.			
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 James A. Field			Vice-President Name Kathleen M. Field		
Street Address 295 Reynolds Road			Street Address 295 Reynolds Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Kathleen M. Field			Treasurer Name James A. Field		
Street Address 295 Reynolds Road			Street Address 295 Reynolds Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James A. Field			Director Name		
Street Address 295 Reynolds Road			Street Address		
City Chepachet	State RI	Zip 02814	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
			100		COMMON
			PAR VALUE		NONE
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 James A. Field, President				Date 1-24-2020	
Signature of Authorized Representative <i>James A. Field</i>					

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