



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

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 BUS SVCS DIV

2020 FEB 17 P 2:04

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 <u>001671305</u>		2. Exact name of the Corporation <u>Scambato's Service Inc</u>			
3. Principal Office Address <u>613 Woodwicket Av.</u>			City <u>W. Paw.</u>	State <u>RI</u>	Zip <u>02911</u>
4. NAICS Code <u>81111</u>		6. Brief description of the character of business conducted in Rhode Island <u>Auto Repair / Inspection</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Kenneth J Calabro Jr</u>			Vice-President Name <u>SAME</u>		
Street Address <u>16 Mathewson ST.</u>			Street Address		
City <u>Johnston</u>	State <u>R.I.</u>	Zip <u>02911</u>	City	State	Zip
Secretary Name <u>SAME</u>			Treasurer Name <u>SAME</u>		
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 <u>Kenneth J Calabro Jr</u>			Director Name		
Street Address <u>16 Mathewson ST</u>			Street Address		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02911</u>	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
		<u>150</u>			
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 <u>Kenneth J Calabro Jr</u>				Date <u>2-17-2020</u>	
Signature of Authorized Representative <u>[Signature]</u>				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

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