



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

FILED

MAR 18 2020

Annual Report for the year
 Corporation

2020

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 6069
JA

1. Entry Number <u>00353</u>		2. Exact name of the Corporation <u>SERVICE CONVENIENCE INC</u>			
3. Principal Office Address <u>96 CONGDON AVE</u>		City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852-0012</u>	
4. NAICS Code <u>811121</u>		6. Brief description of the character of business conducted in Rhode Island <u>AUTO REPAIRS</u>			
5. State of Incorporation <u>S-CORP RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>STEPHEN PAQUIN</u>			Vice President Name <u>BRIAN PAQUIN</u>		
Street Address <u>96 CONGDON AVE</u>			Street Address <u>96 CONGDON AVE</u>		
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>
Secretary Name <u>GREG PAQUIN</u>			Treasurer Name <u>GRASOR X PAQUIN</u>		
Street Address <u>47 DANLSON PK</u>			Street Address <u>47 DANLSON PK</u>		
City <u>FOSTER</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>FOSTER</u>	State <u>RI</u>	Zip <u>02852</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>BRIAN PAQUIN</u>			Director Name <u>STEPHEN PAQUIN</u>		
Street Address <u>96 CONGDON AVE</u>			Street Address <u>96 CONGDON AVE</u>		
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>
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		
			<u>100 No PAR</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>STEPHEN PAQUIN</u>			<u>3,17,20</u>		
Signature of Authorized Representative 					

MAIL TO:
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 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.n.gov