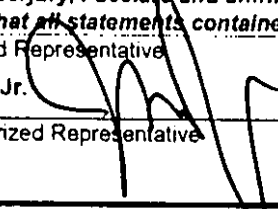


State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIVAnnual Report for the year: 2020
Corporation

2020 MAR 23 A 11: 03

- 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 37709		2. Exact name of the Corporation Melvin Tire & Auto Service Centers, Inc.	
3. Principal Office Address 45 Huling Road		City North Kingstown	State RI
		Zip 02852	
4. NAICS Code 811111	6. Brief description of the character of business conducted in Rhode Island Own, Lease, Operate, Manage garages and filling stations for motor vehicles, to manufacture, buy, sell, rent, store, prepare and care for motor vehicles		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name James P. Melvin, Jr.		Vice-President Name James P. Melvin, Sr.	
Street Address 45 Huling Road		Street Address 45 Huling Road	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
Secretary Name James P. Melvin, Jr.		Treasurer Name James P. Melvin, Sr.	
Street Address 45 Huling Road		Street Address 45 Huling Road	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES	CLASS/SERIES
		600	Class A Voting
		29,400	Class B Non-voting
			PAR VALUE
			\$01
			\$01
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 P. Melvin, Jr.		Date 1/ /2019	
Signature of Authorized Representative 			
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

FILED

MAR 23 2020

BY Ch 6CZ25
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FORM 630 - Revised: 10/2016