RI SOS Filing Number: 202036671960 Date: 3/23/2020 4:00:00 PM

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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.

1. Entity ID Number	2. Exact name of the Corporation			
37709	Melvin Tire & Auto Service Centers, Inc.			
3. Principal Office Address		City	State	Zip
45 Huling Road		North Kingstown	RI	02852
4. NAICS Code 811111	6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RI	Own, Lease, Operate, Manage garages and filling stations for motor vehicles, to manufacture, buy, sell, rent, store, prepare and care for motor vehicles			

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	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: James P. Melvin, Jr.			Treasuror Name: James P. Melvin, Sr.		
Street Address: 45 Huling Road			Street Address: 45 Huling Road		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	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	Zip	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	600	Class A Voting	$.01
	29,400	Class B Non-voting	$.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	Date
James P. Melvin, Jr.	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

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BY 6C725
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FORM 630 - Revised: 10/2016