



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

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R.I. DEPT. OF STATE  
BUS SVCS DIV

Annual 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 <b>37709</b>		2. Exact name of the Corporation <b>Melvin Tire &amp; Auto Service Centers, Inc.</b>	
3. Principal Office Address <b>45 Huling Road</b>		City <b>North Kingstown</b>	State <b>RI</b>
		Zip <b>02852</b>	
4. NAICS Code <b>811111</b>	6. Brief description of the character of business conducted in Rhode Island <b>Own, Lease, Operate, Manage garages and filling stations for motor vehicles, to manufacture, buy, sell, rent, store, prepare and care for motor vehicles</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>James P. Melvin, Jr.</b>		Vice-President Name <b>James P. Melvin, Sr.</b>	
Street Address <b>45 Huling Road</b>		Street Address <b>45 Huling Road</b>	
City <b>North Kingstown</b>	State <b>RI</b>	City <b>North Kingstown</b>	State <b>RI</b>
Secretary Name <b>James P. Melvin, Jr.</b>		Treasurer Name <b>James P. Melvin, Sr.</b>	
Street Address <b>45 Huling Road</b>		Street Address <b>45 Huling Road</b>	
City <b>North Kingstown</b>	State <b>RI</b>	City <b>North Kingstown</b>	State <b>RI</b>
Zip <b>02852</b>		Zip <b>02852</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
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. <b>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.</b>			
Name of Authorized Representative <b>James P. Melvin, Jr.</b>		Date <b>1/ /2019</b>	
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  
11:03

FORM 630 - Revised: 10/2016