



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.

STAMP

1. Entity ID Number 22322		2. Exact name of the Corporation Round's Service Station, Inc.			
3. Principal Office Address 53 Hartford Avenue			City Scituate	State RI	Zip 02857
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island The repair and service of motor vehicles			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Robert R. Mason			Vice-President Name Deborah Mason		
Street Address 53 Hartford Avenue			Street Address 53 Hartford Avenue		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Secretary Name Deborah Mason			Treasurer Name Robert R. Mason		
Street Address 53 Hartford Avenue			Street Address 53 Hartford Avenue		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Robert R. Mason			Director Name Deborah Masaon		
Street Address 53 Hartford Avenue			Street Address 53 Hartford Avenue		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100		No par value
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 Deborah Mason				Date 4-30-2020	
Signature of Authorized Representative <i>Deborah Mason</i>				SIGN DOCUMENT HERE <b>FILED</b>	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

MAY 05 2020  
 BY *ETDAZ*  
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