



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

JAN 15 2021
 BY [Signature]
[Signature]

- 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 <u>0008266</u>		2. Exact name of the Corporation <u>Vinnie Duvas STA. INC.</u>			
3. Principal Office Address <u>435 MTPLEASANT AVE</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>
4. NAICS Code <u>424710</u>		6. Brief description of the character of business conducted in Rhode Island <u>PURCHASE, SALE AND DISTRIBUTION OF PETROLEUM PRODUCTS</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Kenneth V Duva</u>			Vice-President Name <u>Same</u>		
Street Address <u>11 GREAT VIEW AVE</u>			Street Address		
City <u>No. Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Secretary Name <u>Sharaw Garber Duva</u>			Treasurer Name <u>Same</u>		
Street Address <u>11 GREAT VIEW AVE</u>			Street Address		
City <u>No. Providence</u>	State <u>R.I.</u>	Zip <u>02904</u>	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Kenneth V Duva</u>			Director Name		
Street Address <u>11 GREAT VIEW AVE</u>			Street Address		
City <u>No. Prov</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <u>1500</u> 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	PAR VALUE
			<u>1500</u>	<u>Common</u>	<u>NO PAR VALUE</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>Kenneth V Duva</u>				Date <u>1/12/2021</u>	
Signature of Authorized Representative <u>Kenneth V Duva</u>					