



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2021  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

STA  
JAN 25 2021

BY

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1. Entity ID Number 118901		2. Exact name of the Corporation PSR, Inc.												
3. Principal Office Address 1282 Hope Street			City Bristol	State RI	Zip 02809									
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island To render automotive repair and retail gasoline sales												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Paul T. Feeney			Vice-President Name Paul T. Feeney											
Street Address 8 Forest Avenue			Street Address 8 Forest Avenue											
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915									
Secretary Name Paul T. Feeney			Treasurer Name Paul T. Feeney											
Street Address 8 Forest Avenue			Street Address 8 Forest Avenue											
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name Paul T. Feeney			Director Name None											
Street Address 8 Forest Avenue			Street Address											
City East Providence	State RI	Zip 02915	City	State	Zip									
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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100	Common	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.														
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 Paul T. Feeney				Date 1/20/2021										
Signature of Authorized Representative 														

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov