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
FEB 18 2021
BY 6190

1. Entity ID Number	2. Exact name of the Corporation
-7353	SERVICE CONVENIENCE INC.

3. Principal Office Address	City	State	Zip
96 CONGDON AVE	NORTH KINGSTOWN	RI	02852

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811121	AUTO Repair
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
STEPHEN TAQUINI	BRIAN TAQUINI
Street Address: 96 CONGDON AVE	Street Address: 49 JAMESON DR
City: N.K. State: RI Zip: 02852	City: FOSTER State: RI Zip:
Secretary Name	**Treasurer Name**
SUSAN TAQUINI	SUSAN TAQUINI
Street Address: 49 JAMESON DR	Street Address: 49 JAMESON DR
City: FOSTER State: RI Zip: 02825	City: FOSTER State: RI Zip: 02825

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
BRIAN TAQUINI	STEPHEN TAQUINI
Street Address: 96 CONGDON AVE	Street Address: 96 CONGDON AVE
City: N.K. State: RI Zip: 02852	City: N.K. State: RI Zip: 02852
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	NO PAR	

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
BRIAN TAQUINI	2/15/21

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

FORM 630 - Revised: 08/2020