State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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→ Penalty: Additional \$25					1011	<u> </u>		
1. Entity ID Number 108842	l BY	2. Exact name of the Corporation D'AMBRA'S SERVICE STATION, Ltd.						
3. Principal Office Address 761 Hope Street			City Providence	•	State Rhode Island	Zip 02906		
4. NAICS Code 477190 5. State of Incorporation Rhode Island		Brief description of the character of business conducted in Rhode Island     Sell and otherwise distribute gasoline and petroleum products and repair and otherwise maintain motor vehicles						
7. List ALL officers (names ar	nd addresses)				k the box to indicat	e an attachment L		
President Name Robert R. D'Ambra, Jr.			Vice-President Name Robert R. D'Ambra, Jr.					
Street Address 761 Hope Street			Street Address 761 Hope Street					
City Providence	State RI	Zip 02906	City Providence		State RI	Zip 02906		
Secretary Name Robert R. D'A	Ambra, Jr.		Treasurer Nar	Treasurer Name Robert R. D'Ambra, Jr.				
Street Address 761 Hope Street			Street Address 761 Hope Street					
City Providence	State RI	Zip 02906	City Providence		State RI	Zip 02906		
8. List ALL directors (names a	and addresses)			Chec	k the box to indicat	e an attachment [		
Director Name NONE		·	Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
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				
	information is currently of record in the NUMBER C			CLASS/SERIES PAR VALUE				
Department of State.		100	100 commo		no	par		
Changes require an additional filing.		·						
11. This report must be execu	uted on behalf of the	corporation by an	authorized repre	sentative. If the corp	oration is in the ha	nds of a receiver (		
rustee, this report must be ex Under penalty of perjury, I	declare and affirm t	hat I have examin	ed this report, i		mpanying schedu	iles and		
statements, and that all sta Name of Authorized Represe Richard Jessup, Jr.	id correct.		Date Febru	may 19,20				
Signature of Authorized Repr	esentative	h	<del></del>			_ <del>/</del>		
1	, leson	XI. GON	COUNSEL	<del></del>				

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov