Department of State - Business Services    Annual Report for the year: 2023  Corporation  → Filing period: February 1 - May 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by May 31.			Division 	JAN 25 2023 BY 3491				
1. Entity ID Number 000087793	2 Exact name	of the Corporation	Auto Service, Inc.	Service, Inc.				
3. Principal Office Address 800 Charles Street			City Providence	State RI	Zip 02904			
4. NAICS Code 811111 5. State of Incorporation			cter of business conducted in Rhode Island utomobiles and trucks.					
				Check the box to indi	cate an attachm			
RI List ALL officers (names and	addresses)				cate an attachmin			
RI  7 List ALL officers (names and	addresses) ascetta		Vice-President Name SAN	1E	cate an attacame			
RI  7 List ALL officers (names and President Name James G. Page 1)	ascetta		Vice-President Name SAN	1E	cate an anadam			
RI 7 List ALL officers (names and President Name James G. Passert Address 84 West River	ascetta	<sup>Zip</sup> 02904		ME State	Zip			
	ascetta er Parkway	<sup>Zip</sup> 02904	Street Address	1E				

	TOCI VICE 8	and repair of at	atorrioniies ai	ila trucks.				
5 State of Incorporation								
RI	ì							
		<u> </u>						
7 List ALL officers (names and	addresses)			Che	ck the box to ind	icate an attachment		
President Name James G. Pascetta			Vice-Presiden	Vice-President Name SAME				
Street Address 84 West River Parkway			Street Address	Street Address				
<sup>City</sup> North Providence	State RI	<sup>Zip</sup> 02904	City		State	Zip		
Secretary Name SAME	Treasurer Name SAME							
Street Address	Street Address	Street Address						
City	State	Zıp	City		State	Zip		
8. List ALL directors (names an	d addresses)				ock the boy to ind	icata an attachment		
Director Name NONE	Director Name	Check the box to indicate an attachment  Director Name						
Street Address			Street Address	Street Address				
City	State	Zıp	City	· .	State	Zip		
Director Name	Director Name	Director Name Street Address						
Street Address							Street Address	
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Is:		Cha	ack the how to ind	icate an attachment		
This information is currently of record in the		NUMBER OF SHARES		Check the box to indicate an attachment  CLASS/SER/LS  PAR VALUE				
Department of State. Changes require an additional filing.		600		CNP				
			<u> </u>			<u>.</u>		
11. This report must be execute	ed on behalf of the	e cornoration by an	authorized renres	sentative If the co	rooration is in the	hands of a receiver		
trustee, this report must be exe	cuted on behalf o	f the corporation by	the receiver or tr	riistee	rporation is in the	rialius of a receiver		
Under penalty of perjury, I de					ompanving sch	edules and		
statements, and that all state	ments contained	d herein are true ai	nd correct.	, a	· · · · · · · · · · · · · · · · · · ·			
Name of Authorized Representa	·	Date						
Gayle A. Pascetta		January 20, 2023						
Signature of Authorized Repres	entative/		···					
HUI	Harrol	La.						

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

Website: www.sos.ri.gov