



State of Rhode Island

## Department of State - Business Services Division

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.

FILED

JAN 31 2023

BY

4287

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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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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. <b>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.</b>					
Name of Authorized Representative Paul T. Feeney				Date 1/19/2023	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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