



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.

 RECEIVED
 RI DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 108842		2. Exact name of the Corporation D'Ambra's Service Station, Ltd.		10/3 APR -3 P 2:38										
3. Principal Office Address 761 Hope Street		City Providence	State RI	Zip 02906										
4. NAICS Code 477190	6. 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.													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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'Ambra, Jr.			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 and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 <input type="checkbox"/>											
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</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	no par			
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100	common	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 4-1-23										
Signature of Authorized Representative														

FILED

APR 08 2023

BY ML 8VJ50

2:38