



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

JUN 01 2023 TA 11P

EV. *[Signature]*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000022322		2. Exact name of the Corporation Round's Service Station, Inc.			
3. Principal Office Address 53 Hartford Avenue			City Scituate	State RI	Zip 02857
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island The repair and service of motor vehicles. 7-1.1-51			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert R Mason			Vice-President Name Deborah Mason		
Street Address 53 Hartford Avenue			Street Address 53 Hartford Avenue		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Secretary Name Robert R Mason			Treasurer Name Deborah Mason		
Street Address 53 Hartford Avenue			Street Address 53 Hartford Avenue		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert R Mason			Director Name Deborah Mason		
Street Address 53 Hartford Avenue			Street Address 53 Hartford Avenue		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			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 Deborah Mason				Date May 27, 2023	
Signature of Authorized Representative <i>Deborah Mason</i>					