



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

MAY 03 2024

124598

→ 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 40026		2. Exact name of the Corporation FRED'S SERVICE CENTER, INC.			
3. Principal Office Address 3730 PAWTUCKET AVENUE		City EAST PROVIDENCE		State RI	Zip 02915
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island REPAIR OF ANY AND ALL TYPES OF 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 FREDERICK A. VINHATEIRO			Vice-President Name PATRICIA A. VINHATEIRO		
Street Address 78 READ STREET			Street Address 78 READ STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name PATRICIA A. VINHATEIRO			Treasurer Name FREDERICK A. VINHATEIRO		
Street Address 78 READ STREET			Street Address 78 READ STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
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 FREDERICK A. VINHATEIRO				Date 4/23/24	
Signature of Authorized Representative <i>Fred A. Vinhateiro</i>					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov