



RI SOS Filing Number: 202455293280 Date: 5/31/2024 4:00:00 PM

State of Rhode Island

## Department of State - Business Services Division

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24 MAY 31 PM 3:47:11

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FOR  
SECRETARY OF STATE  
USE ONLYAnnual Report for the year: 2024  
Corporation

→ 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 120045		2. Exact name of the Corporation Wayne's Service Plus, Inc.			
3. Principal Office Address 269 Silver Spring Street		City Providence		State RI	Zip 02904
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island To engage in automotive repair and services and any other lawful business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Patricia L. Cirelli			Vice-President Name Francesco Cirelli		
Street Address 480 Cahoon Road			Street Address 480 Cahoon Road		
City Greene	State RI	Zip 02827	City Greene	State RI	Zip 02827
Secretary Name Francesco Cirelli			Treasurer Name Patricia L. Cirelli		
Street Address 480 Cahoon Road			Street Address 480 Cahoon Road		
City Greene	State RI	Zip 02827	City Greene	State RI	Zip 02827
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Patricia L. Cirelli			Director Name Francesco Cirelli		
Street Address 480 Cahoon Road			Street Address 480 Cahoon Road		
City Greene	State RI	Zip 02827	City Greene	State RI	Zip 02827
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		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.					
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>FILED</b>					
Name of Authorized Representative Patricia L. Cirelli				Date 4/30/24	
Signature of Authorized Representative 				BY <u>13987</u> K8	

MAIL TO:  
Division of Business Services  
146 W. River Street, Providence, Rhode Island 02904-2615  
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Website: www.sos.ri.gov