



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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| 1. Entity ID Number 0008866 | | 2. Exact name of the Corporation Vinnie Duva's Station Inc. | | | |
| 3. Principal Office Address 435 MT Pleasant Ave | | | City Providence | State R.I. | Zip 02908 |
| 4. NAICS Code 42410 | | 6. Brief description of the character of business conducted in Rhode Island Purchase, Sale & Distribution of Petroleum Products | | | |
| 5. State of Incorporation R.I. | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Kenneth V Duva | | | Vice-President Name | | |
| Street Address 11 GREATVIEW AVE | | | Street Address | | |
| City NO. PROV | State RI | Zip 02904 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Kenneth V Duva | | | Director Name | | |
| Street Address 11 GREATVIEW AVE | | | Street Address | | |
| City NO. PROV. | State RI | Zip 02904 | 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. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 1500 | | 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. | | | | | |
| Name of Authorized Representative Kenneth V Duva | | | | Date 1/13/2025 | |
| Signature of Authorized Representative Kenneth V Duva | | | | FILED JAN 15 2025 | |

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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