


**State of Rhode Island  
Department of State - Business Services Division**
**FIELD**
**Annual Report for the year: 2025**
**JAN 27 2025**
**Corporation**
**BY** 10076

→ 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 <b>000133798</b>		2. Exact name of the Corporation <b>Joe &amp; Sons Service, Inc</b>	
3. Principal Office Address <b>855 Atwood Avenue</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02920</b>	
4. NAICS Code <b>447190</b>	6. Brief description of the character of business conducted in Rhode Island <b>Gasoline sales, service and repairs</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Giuseppe Popolla Jr.</b>		Vice-President Name <b>Joanna Popolla</b>	
Street Address <b>2 Primrose Lane</b>		Street Address <b>2 Primrose Lane</b>	
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>
Secretary Name <b>Giuseppe Popolla Jr.</b>		Treasurer Name <b>Giuseppe Popolla, Jr.</b>	
Street Address <b>2 Primrose Lane</b>		Street Address <b>2 Primrose Lane</b>	
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
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	
		<b>200 Shares</b>	<b>Common</b>
			<b>No Par Value</b>
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 <b>Giuseppe Popolla, Jr</b>			Date <b>1/24/25</b>
Signature of Authorized Representative 			

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: [www.sos.ri.gov](http://www.sos.ri.gov)