



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

FIELD

JAN 27 2025

BY

10076.02

1. Entity ID Number 000133798		2. Exact name of the Corporation Joe & Sons Service, Inc			
3. Principal Office Address 855 Atwood Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 447190		6. Brief description of the character of business conducted in Rhode Island Gasoline sales, service and repairs			
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 Giuseppe Popolla Jr.			Vice-President Name Joanna Popolla		
Street Address 2 Primrose Lane			Street Address 2 Primrose Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Giuseppe Popolla Jr.			Treasurer Name Giuseppe Popolla, Jr.		
Street Address 2 Primrose Lane			Street Address 2 Primrose Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200 Shares	CLASS/SERIES Common	PAR VALUE 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 Giuseppe Popolla, Jr					Date 1/24/25
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov