RI SOS Filing Number: 202568240340 Date: 3/24/2025 4:00:00 PM

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.

FILED
MAR 24 2025
BY 14022

1. Entity ID Number	2. Exact name of the Corporation		
149156	Oaklawn Auto Service, inc.		
3. Principal Office Address	City	State	Zip
975 Oaklawn Avenue	Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
811111	Service and Maintenance of Motor Vehicle and any other lawful purpose.		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Frank Paul Gervasio			Vice-President Name: Frank Paul Gervasio		
Street Address: Cecilia Drive			Street Address: 9 Cecilia Drive		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
Secretary Name: Frank Paul Gervasio			Treasurer Name: Frank Paul Gervasio		
Street Address: 9 Cecilia Drive			Street Address: 9 Cecilia Drive		
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 ☐

Director Name: Frank Paul Gervasio			Director Name		
Street Address: 9 Cecilia Drive			Street Address		
City: Johnston	State: RI	Zip: 02919	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	500	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	Date
Frank Paul Gervasio	3/20/25
Signature of Authorized Representative	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 12/2023