



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
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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 STATE
 R.I. DEPT. OF
 BUS. SVCS. DIV.
 2017 MAR 15 PM 1:25

1. Entity ID Number <u>73106</u>		2. Exact name of the Corporation <u>R+C Auto Service, Inc</u>			
3. Principal Office Address <u>2040 Post Road</u>			City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02886</u>
4. NAICS Code <u>81</u>		6. Brief description of the character of business conducted in Rhode Island <u>do operate auto service including repair & maintenance, including sale & installation of misc parts & accessories.</u>			
5. State of Incorporation <u>Rel.</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Richard A St Martin</u>			Vice-President Name <u>Lori J St Martin</u>		
Street Address <u>146 Inez Ave</u>			Street Address <u>46 Inez Ave</u>		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02886</u>
Secretary Name <u>Lori J St Martin</u>			Treasurer Name <u>Richard St Martin</u>		
Street Address <u>146 Inez Ave</u>			Street Address <u>146 Inez Ave</u>		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02886</u>
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>100</u>		<u>common</u>	<u>no par value</u>
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 <u>Richard A St Martin</u>					Date <u>3/15/17</u>
Signature of Authorized Representative <u>[Signature]</u>					FILED

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

MAR 15 2017

By [Signature] 298265