



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

**AMENDED**  
 Annual Report for the year: 2020  
 Corporation \_\_\_\_\_

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

ST/...

2020 JUL 23 PM 1:02

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000124702		2. Exact name of the Corporation American Financial & Automotive Services, Inc.	
3. Principal Office Address 1790 Hughes Landing Blvd, Suite 700		City The Woodlands	State TX
		Zip 77380	
4. NAICS Code 115114	6. Brief description of the character of business conducted in Rhode Island Insurance Marketing		
5. State of Incorporation TX			
7. List ALL officers (names and addresses) <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>			
President Name John Laudenslager		Vice-President Name Arden Hetland	
Street Address 260 Interstate North Circle, SE		Street Address 1790 Hughes Landing Blvd, Suite 700	
City Atlanta	State GA	City The Woodlands	State TX
Zip 30339		Zip 77380	
Secretary Name Jcannie Aragon-Cruz		Treasurer Name Kyle Lawlor	
Street Address 11222 Quail Roost Drive		Street Address 260 Interstate North Circle, SE	
City Miami	State FL	City Atlanta	State GA
Zip 33157		Zip 30339	
8. List ALL directors (names and addresses) <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>			
Director Name John Laudenslager		Director Name Arden Hetland	
Street Address 260 Interstate North Circle, SE		Street Address 1790 Hughes Landing Blvd, Suite 700	
City Atlanta	State GA	City The Woodlands	State TX
Zip 30339		Zip 77380	
Director Name Kyle Lawlor		Director Name	
Street Address 260 Interstate North Circle, SE		Street Address	
City Atlanta	State GA	City	State
Zip 30339		Zip	
9. Shares Authorized <input type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIFS
		100,000	CWP
			PAR VALUE
			\$ 0.0100
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			
<b>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.</b>			
Name of Authorized Representative Tricia Belanger			Date 07/20/2020
Signature of Authorized Representative <i>Tricia Belanger</i>			

SIGN DOCUMENT HERE **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

JUL 23 2020  
 BY *Ca 1:02*



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

July 23, 2020 01:02 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

