

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 201/

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.	2. Name of Cor		. =		<del> </del>
63030 3. Street Address Principal Bi	usiness Office	Auto Sales & Repair, Inc.	City	State	Zip
795 Victory Highway			Mapleville	RI	02839
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Ch Commercial, Residen	aracter of Business Condu itial and Industrial El	icted in Rhode Island lectrical Installations			
	ESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS
President Name George Sparrow, Jr.			Vice President Name Catherina Sparrow		
Street Address 795 Victory Highway			Street Address		
City	State State	Zip	795 Victory Highw	State	Zip
Mapleville	RI	02839	Mapleville	RÎ	02839
Secretary Name Catherina Sparrow			Treasurer Name Catherina Sparrow		
Street Address 795 Victory Highway			Street Address 795 Victory Highway		
City Mapleville	State RI	<sup>Zip</sup> 02839	<i>Gity</i> <b>Mapleville</b>	State RI	<sup>Zip</sup> 02839
Director Name		ECTORS: ("X" BOX FOR AT	TACHMENT) TFILL I Director Name	IN SPACES BEFORE USIN	G ATTACHMENTS
George Sparrow, Jr. Street Address			Street Address		
795 Victory Highway					
City Mapleville	State RI	Ζψ 02839	City	State	Zip
Director Name	J.:Ni	102039	Director Name		
Street Address			Street Address	<del>-</del>	
			Siree Address		
City	State	Zip	<i>Ci</i> ţy	State	Zip
9. SHARES AUTHORIZ	ZED I	ı		 D <i>("X" BOX FOR ATTAC</i> ECTION <u>MUST</u> BE COMPLETED	· —
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			500	Common	No Par
This report must be ex-	ecuted on behalf of t	he corporation by an authorize	ed representative. If the	corporation is in the hand	s of a receiver or trustee.
this report must be exe	cuted on behalf of th	e corporation by the receiver	or trustee.		
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		MAR	2 1 2016der penalty of	perjury, I declare and affirm	that I have examined this rep
<u> </u>	·	Bylyo	Including any act	companying schedules and sta are true and correct.	atements, and that all stateme
File Date			70	11	2-22-11
Check No.		<u>'</u>	Signature )	- 1	Date
Check IVO.			George Sp		
By:			Print or Type Nam  President	w	
FOR SECRETARY	OF STATE USE ONLY		Title		
	<del></del>	<del></del>	•		Form 630 Rev. 08/08