



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

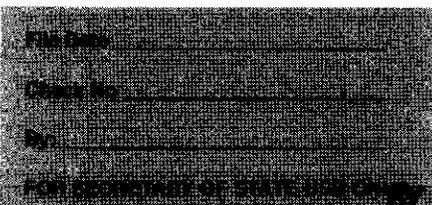
Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>22044</b>		2. Exact name of the Corporation <b>CT AUTO CLUB, INC.</b>			
3. Principal office address <b>3410 MIDCOURT RD # 215</b>			City <b>CARROLLTON</b>	State <b>TX</b>	Zip <b>75006</b>
4. Business Phone No. <b>214-570-3012</b>		5. State of Incorporation <b>INDIANA</b>			
6. Brief description of the character of business conducted in Rhode Island <b>PROVIDE AUTO CLUB SERVICES</b>					
President Name <b>CRAIG HAMWAY</b>			Vice-President Name <b>JERRY MCELHATTON</b>		
Street Address <b>3410 MIDCOURT RD # 215</b>			Street Address <b>3410 MIDCOURT RD # 215</b>		
City <b>CARROLLTON</b>	State <b>TX</b>	Zip <b>75006</b>	City <b>CARROLLTON</b>	State <b>TX</b>	Zip <b>75006</b>
Secretary Name <b>MICHAEL BARTON</b>			Treasurer Name <b>MICHAEL BARTON</b>		
Street Address <b>3410 MIDCOURT RD # 215</b>			Street Address <b>3410 MIDCOURT RD # 215</b>		
City <b>CARROLLTON</b>	State <b>TX</b>	Zip <b>75006</b>	City <b>CARROLLTON</b>	State <b>TX</b>	Zip <b>75006</b>
Director Name <b>CRAIG HAMWAY</b>			Director Name		
Street Address <b>3410 MIDCOURT RD # 215</b>			Street Address		
City <b>CARROLLTON</b>	State <b>TX</b>	Zip <b>75006</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	COMMON	100

2014 MAR - 4 PM 12:00  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION

*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.*



**FILED**

MAR 04 2014

CR 218987

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.

*[Signature]*  
 Signature of Authorized Representative

*2/25/14*  
 Date

**MICHAEL BARTON**  
 Print or Type Name of Authorized Representative