



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>53231</b>		2. Exact name of the Corporation <b>ROYAL REPAIRS INC.</b>									
3. Principal office address <b>525 Reservoir Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>						
4. Business Phone No. <b>(401) 941-0227</b>		5. State of Incorporation <b>Rhode Island</b>									
6. Brief description of the character of business conducted in Rhode Island <b>Automotive repairs, general and specialized.</b>											
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>											
President Name <b>Donald F. Roy</b>			Vice-President Name <b>Alice W. Roy</b>								
Street Address <b>3 Valentine Drive</b>			Street Address <b>3 Valentine Drive</b>								
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>						
Secretary Name <b>Alice W. Roy</b>			Treasurer Name <b>Donald F. Roy</b>								
Street Address <b>3 Valentine Drive</b>			Street Address <b>3 Valentine Drive</b>								
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>						
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>											
Director Name <b>Donald F. Roy</b>			Director Name <b>Alice W. Roy</b>								
Street Address <b>3 Valentine Drive</b>			Street Address <b>3 Valentine Drive</b>								
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. SHARES AUTHORIZED											
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	
						100		Common		No par value	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>											

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.

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 BY: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**  
 MAR 13 2014  
 21117

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.

Donald F. Roy 2-20-14  
 Signature of Authorized Representative Date  
 Donald F. Roy  
 Print or Type Name of Authorized Representative