



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. 125786		2. Exact name of the Corporation CASEY AND SONS, INC.						
3. Principal office address 556 MAIN STREET		City PAWTUCKET		State RI	Zip 02860			
4. Business Phone No. 401-727-2107		5. State of Incorporation RHODE ISLAND						
6. Brief description of the character of business conducted in Rhode Island AUTO REPAIR SHOP								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name CASEY LOPES			Vice-President Name ARLETTE LOPES					
Street Address 556 MAIN STREET			Street Address 556 MAIN STREET					
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860			
Secretary Name CASEY LOPES			Treasurer Name CASEY LOPES					
Street Address 556 MAIN STREET			Street Address 556 MAIN STREET					
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
						1000	COMMON	NO PAR

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

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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 of Authorized Representative

Date

CASEY LOPES

Print or Type Name of Authorized Representative