



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. 105468		2. Exact name of the Corporation E Patrick Doherty Inc dba Pat's Auto Center			
3. Principal office address 17 Ledward Ave		City Westerly	State RI	Zip 02891	
4. Business Phone No. 401 596 3401		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Auto repair business.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name E Patrick Doherty			Vice-President Name Richard Arruda		
Street Address 8 Ledward Ave			Street Address 10 Ledward Ave		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Robert Cowley			Treasurer Name Christopher S. Correll		
Street Address 30 Schiller Ave			Street Address 11 Chris Dr		
City Pawcatuck	State CT	Zip 06379	City Uncasville,	State CT	Zip 06382
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
None			None		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
None			None		
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
			None		

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

JUN 12 2014

BY 1254

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.

E Pat Doherty
Signature of Authorized Representative

6/10/14
Date

E. Pat Doherty
Print or Type Name of Authorized Representative