



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 2015

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.

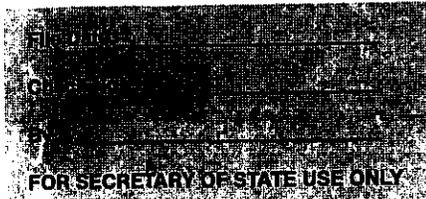
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|--|--------------------|---|---------------------------|--------------------|---------------------|
| 1. Entity ID No. 165320 | | 2. Exact name of the Corporation PITCHER'S GARAGE, INCORPORATED | | | |
| 3. Principal office address 2210 POST ROAD | | | City PERRYVILLE | State RI | Zip 02879 |
| 4. Business Phone No. 401.783.7293 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE AN AUTO MECHANICS BUSINESS AND AUTO SALVAGE YARD | | | | | |
| President Name PAUL PITCHER | | | Vice-President Name | | |
| Street Address 2210 POST ROAD | | | Street Address | | |
| City PERRYVILLE | State RI | Zip 02879 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| SELECT ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/> | | | | | |
| Director Name PAUL PITCHER | | | Director Name | | |
| Street Address 2210 POAT ROAD | | | Street Address | | |
| City PERRYVILLE | State RI | Zip 02879 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| SELECT ALL 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 | |
| | | 100 | COMMON | \$.01 | |

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.

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 **10/20/15**

PAUL PITCHER
 Print or Type Name of Authorized Representative



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