



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.

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					
SEALER OF NAMES IN ADDRESS ONLY <input type="checkbox"/>					
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
SEALER OF 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
SEALER OF NAMES AND ADDRESSES (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.

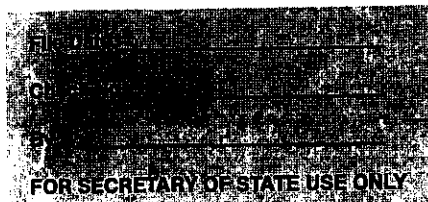
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Date

PAUL PITCHER

Print or Type Name of Authorized Representative



Form No. 630
Revised: 01/2012

CV **5646**

MAR 18 2015