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. | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 157912 | BROWN AUTO DETAILING, INC | | |
| 3. Principal office address: 9 BERM DR | City: Cumberland | State: RI | Zip: 02864 |
| 4. Business Phone No.: (401) 465-7815 | 5. State of Incorporation: Rhode Island. | | |
| 6. Brief description of the character of business conducted in Rhode Island: AUTO DETAILING GENERAL | | | |

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐**

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ROSA V BROWN | 9 BERM DR | Cumberland | RI | 02864 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ROSA BROWN | 9 BERM DR | Cumberland | RI | 02864 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ROSA BROWN | 9 BERM DR | Cumberland | RI | 02864 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ROSA BROWN | 9 BERM DR | Cumberland | RI | 02864 |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐**

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ROSA BROWN | 9 BERM DR | Cumberland | RI | 02864 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | 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.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 100 | | 0 |
| | | |

*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.*

FOR SECRETARY OF STATE USE ONLY
File Date
Check No.
By:

12:29 pm
**FILED**
JUN 02 2015
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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

Rosa Brown
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

2015 JUN -2 PM 12:25 SECRETARY OF STATE CORPORATIONS DIV.