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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.	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) 4657815	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

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:

12:27 pm
FILED
JUN 02 2015
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By: KM

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

2015 JUN -2 PM 12:24
SECRETARY OF STATE
CORPORATIONS DIV.

Form No. 630
Revised: 01/2012
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