



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. <u>157912</u>		2. Exact name of the Corporation <u>BROWN AUTO DETAILING, INC</u>			
3. Principal office address <u>9 BEAM DR</u>		City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	
4. Business Phone No. <u>(401) 4657815</u>		5. State of Incorporation <u>Rhode Island.</u>			
6. Brief description of the character of business conducted in Rhode Island <u>AUTO DETAILING GENERAL</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☒					
President Name <u>ROSA V BROWN</u>			Vice-President Name <u>ROSA BROWN</u>		
Street Address <u>9 BEAM DR</u>			Street Address <u>9 BEAM DR</u>		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
Secretary Name <u>ROSA BROWN</u>			Treasurer Name <u>ROSA BROWN</u>		
Street Address <u>9 BEAM DR</u>			Street Address <u>9 BEAM DR</u>		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☒					
Director Name <u>ROSA BROWN</u>			Director Name		
Street Address <u>9 BEAM DR</u>			Street Address		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (X) BOX FOR ATTACHMENT ☒		
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
			<u>100</u>		<u>0</u>

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

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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.

Rosa Brown
Signature of Authorized Representative
Date _____
Print or Type Name of Authorized Representative