



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River
Providence, RI 02904-26
401.222.30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 121218		2. Name of Corporation FEARNS ENTERPRISES, INC.			
3. Street Address Principal Business Office 48 John Potter Road		City W. Greenwich	State RI	Zip 02817	
4. Business Phone No. 401-397-9728		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island AUTO REPAIR					
7. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENTS) <input type="checkbox"/> (SEE INSTRUCTIONS FOR USING ATTACHMENTS)					
President Name Michael S. Fearn, Sr.		Vice President Name Michael S. Fearn, Jr.			
Street Address 48 John Potter Road		Street Address 48 John Potter Road			
City W. Greenwich	State RI	Zip 02817	City W. Greenwich	State RI	Zip 02817
Secretary Name Michael S. Fearn, Jr.		Treasurer Name Michael S. Fearn, Sr.			
Street Address 48 John Potter Road		Street Address 48 John Potter Road			
City W. Greenwich	State RI	Zip 02817	City W. Greenwich	State RI	Zip 02817
8. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENTS) <input type="checkbox"/> (SEE INSTRUCTIONS FOR USING ATTACHMENTS)					
Director Name N/A		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENTS) <input type="checkbox"/> (SEE INSTRUCTIONS FOR USING ATTACHMENTS)					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	common	no par value	-0-	common	no par value
			THIS SECTION MUST BE COMPLETED		

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.



FILED

JAN 11 2016

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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.

Michael S. Fearn, Sr. President 1/5/16
Signature Date

Michael S. Fearn, Sr.

Print or Type Name
President

Title

121218

File Date

Check No.

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