



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

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** *or*

**JAN 11 2016**

**21873**

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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