



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 2016

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. 3260		2. Exact name of the Corporation C.L. ENTERPRISES, INC.			
3. Principal office address 171 Old Tower Hill Road			City Wakefield	State RI	Zip 02879
4. Business Phone No. (401) 783-0818			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Automotive repairs and services					
President Name R. Harold Thomas Jr.			Vice-President Name		
Street Address 11 Wishing Well Circle			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name R. Harold Thomas Jr.			Treasurer Name R. Harold Thomas Jr.		
Street Address 11 Wishing Well Circle			Street Address 11 Wishing Well Circle		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name R. Harold Thomas Jr.			Director Name		
Street Address 11 Wishing Well Circle			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	Common	No Par Value

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.

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

1/29/16
Date

R. Harold Thomas Jr.

Print or Type Name of Authorized Representative