



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. 954588		2. Exact name of the Corporation Evergreen Auto Recovery, Inc.			
3. Principal office address 132 B Shun Pike		City Johnston	State RI	Zip 02919	
4. Business Phone No. 401-647-1900		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Operation of an automobile asset recovery company					
LIST ALL OFFICERS (NAMES AND ADDRESSES) IN A BOX FOR EACH OFFICER					
President Name Kristine Marie Lough			Vice-President Name Kristine Marie Lough		
Street Address 19 Fox Ridge Drive			Street Address 19 Fox Ridge Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Kristine Marie Lough			Treasurer Name Kristine Marie Lough		
Street Address 19 Fox Ridge Drive			Street Address 19 Fox Ridge Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
LIST ALL DIRECTORS (NAMES AND ADDRESSES) IN A BOX FOR EACH DIRECTOR					
Director Name Kristine Marie Lough			Director Name		
Street Address 19 Fox Ridge Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	common	none	

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.

FILED

Signature of Authorized Representative

Date

Kristine Marie Lough

Print or Type Name of Authorized Representative

FEB 26 2016

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