



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. 3715		2. Exact name of the Corporation Carr's Garage Inc.			
3. Principal office address 396 Broad Street		City Cumberland		State RI	Zip 02864
4. Business Phone No. 401-725-5261		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Automobile Body Repair					
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Manuel J. Moitoso			Vice-President Name none		
Street Address 1085 Lonsdale Avenue			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Secretary Name Jason Moitoso			Treasurer Name Manuel J. Moitoso		
Street Address 24 Cornell Avenue			Street Address 1085 Lonsdale Ave		
City Warwick	State RI	Zip 02888	City Central Falls	State RI	Zip 02863
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Manuel J. Moitoso			Director Name		
Street Address 1085 Lonsdale Avenue			Street Address		
City Central Falls	State RI	Zip 02863	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
			400	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

BY

FILED
MAR 17 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.

Manuel J. Moitoso **PRESEN 3-14-2016**
Signature of Authorized Representative Date

Manuel J. Moitoso

Print or Type Name of Authorized Representative