



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

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| | | | |
|--|--------------------|---|--------------------|
| 1. Entity ID Number <u>120911</u> | | 2. Exact name of the Corporation <u>Rhode Island Auto Recycling, Inc.</u> | |
| 3. Principal Office Address <u>1134 S. Main St</u> | | City <u>PASCOAG</u> | State <u>RI</u> |
| | | Zip <u>02859</u> | |
| 4. Business Phone Number <u>401 568-6815</u> | | 5. State of Incorporation <u>Rhode Island</u> | |
| 6. Brief description of the character of business conducted in Rhode Island <u>Auto Repair / Auto Salvage / USED Auto Sales</u> | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>Lawrence Therien</u> | | Vice-President Name <u>L Therien</u> | |
| Street Address <u>1130 S Main St</u> | | Street Address <u>1130 S Main ST</u> | |
| City <u>PASCOAG</u> | State <u>RI</u> | City <u>PASCOAG</u> | State <u>RI</u> |
| Zip <u>02859</u> | | Zip <u>02859</u> | |
| Secretary Name <u>L Therien</u> | | Treasurer Name <u>L Therien</u> | |
| Street Address <u>1130 S Main St</u> | | Street Address <u>1130 S Main St</u> | |
| City <u>PASCOAG</u> | State <u>RI</u> | City <u>PASCOAG</u> | State <u>RI</u> |
| Zip <u>02859</u> | | Zip <u>02859</u> | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | |
| | | CLASS/SERIES | |
| | | PAR VALUE | |
| | | <u>50</u> | <u>Common</u> |
| | | | <u>No Par</u> |
| 11. 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. | | | |
| Name of Authorized Representative <u>Lawrence Therien</u> | | Date <u>12/19/16</u> | |
| Signature of Authorized Representative <u>[Signature]</u> | | SIGN DOCUMENT HERE | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY CU 291134

FORM 630 - Revised: 05/2016