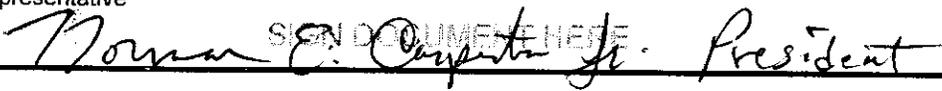




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 17048		2. Exact name of the Corporation NORMAN'S, INC.			
3. Principal Office Address Brant Trail		City West Greenwich		State RI	Zip 02817
4. Business Phone Number 401-397-3000			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Sale of used auto and truck parts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Norman E. Carpenter, Jr.			Vice-President Name Norman E. Carpenter, Jr.		
Street Address Brant Trail			Street Address Brant Trail		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Shelley Carpenter			Treasurer Name Norman E. Carpenter, Jr.		
Street Address Brant Trail			Street Address Brant Trail		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Norman E. Carpenter, Jr.			Director Name		
Street Address Brant Trail			Street Address		
City West Greenwich	State RI	Zip 02817	City	State	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. 600 common no par value Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0	common	no par value
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 Norman E. Carpenter, Jr., President				Date 01-06-17	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED *2*

JAN 17 2017

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