



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

FILED

JAN 25 2017 *OL*

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.

BY 3450

1. Entity ID Number <u>105468</u>		2. Exact name of the Corporation <u>E Patrick Doherty, Inc</u>	
3. Principal Office Address <u>17 Ledward Avenue</u>		City <u>Westerly</u>	State <u>RI</u>
		Zip <u>02891</u>	
4. NAICS Code <u>54</u>	6. Brief description of the character of business conducted in Rhode Island <u>Diagnosis AUTOM+ REPAIR BUSINESS</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>E Pat Doherty</u>		Vice-President Name <u>Heather Doherty</u>	
Street Address <u>8 Ledward Ave</u>		Street Address <u>12 Narragansett Ave</u>	
City <u>Westerly</u>	State <u>RI</u>	City <u>Westerly</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02891</u>	
Secretary Name <u>Christopher Correll</u>		Treasurer Name <u>Rick Arruda</u>	
Street Address <u>10 Cove View</u>		Street Address <u>10 Ledward Ave</u>	
City <u>Waterford</u>	State <u>CT</u>	City <u>Westerly</u>	State <u>RI</u>
Zip <u>06385</u>		Zip <u>02891</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	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>Q</u>	CLASS/SERIES <u>Q</u>
		PAR VALUE <u>Q</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>E. Pat Doherty</u>		Date <u>1/20/17</u>	
Signature of Authorized Representative <u>E. Pat Doherty</u>			

MAIL TO:
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Website: www.sos.ri.gov