



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 104061		2. Exact name of the Corporation D & K Rossi's Auto Care, Inc.			
3. Principal Office Address 22 Tiogue Avenue		City West Warwick		State RI	Zip 02893
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Complete auto and truck services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth A. Rossi			Vice-President Name Kenneth A. Rossi		
Street Address 22 Tiogue Avenue			Street Address same as above		
City West Warwick		State RI	Zip 02893	City same as above	
Secretary Name Kenneth A. Rossi			Treasurer Name Kenneth A. Rossi		
Street Address same as above			Street Address same as above		
City same as above		State RI	Zip 02893	City same as above	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth A. Rossi			Director Name same as above		
Street Address same as above			Street Address same as above		
City same as above		State RI	Zip 02893	City same as above	
Director Name same as above			Director Name same as above		
Street Address same as above			Street Address same as above		
City same as above		State RI	Zip 02893	City same as above	
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE 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. <i>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.</i>					
Name of Authorized Representative Kenneth A. Rossi, President				Date 1-25-17	
Signature of Authorized Representative 					

FILED

FEB 03 2017

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

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