



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

2017 FEB 14 PM 1:13
 STATE OF RHODE ISLAND
 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 5280		2. Exact name of the Corporation CERTIFIED AUTOMOTIVE, INC.			
3. Principal Office Address 66 CENTRAL PIKE			City FOSTER	State RI	Zip 02825
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE REPAIR AND RELATED 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 STEVEN C. BROWN			Vice-President Name		
Street Address 66 CENTRAL PIKE			Street Address		
City FOSTER	State RI	Zip 02825	City	State	Zip
Secretary Name STEVEN C. BROWN			Treasurer Name STEVEN C. BROWN		
Street Address 66 CENTRAL PIKE			Street Address 66 CENTRAL PIKE		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN C. BROWN			Director Name		
Street Address 66 CENTRAL PIKE			Street Address		
City FOSTER	State RI	Zip 02825	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		900		COMMON	\$1.00
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 STEVEN C. BROWN, PRESIDENT					Date 1/30/2017
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

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BY le 295689