




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 52697		2. Exact name of the Corporation HALL'S GARAGE, INC.			
3. Principal Office Address 56 Plainfield Pike			City North Scituate	State RI	Zip 02857-0000
4. Business Phone Number:		6. Brief description of the character of business conducted in Rhode Island motor vehicles			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Harry J. Hall, III			Vice-President Name Harry J. Hall, III		
Street Address 56 Plainfield Pike			Street Address 56 Plainfield Pike		
City North Scituate	State RI	Zip 02857-	City North Scituate	State RI	Zip 02857-
Secretary Name Harry J. Hall, III			Treasurer Name Harry J. Hall, III		
Street Address 56 Plainfield Pike			Street Address 56 Plainfield Pike		
City North Scituate	State RI	Zip 02857-	City North Scituate	State RI	Zip 02857-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Harry J. Hall, III			Director Name none		
Street Address 56 Plainfield Pike			Street Address none		
City North Scituate	State RI	Zip 02857-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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	CLASS/SERIES	PAR VALUE
			100	Common	No Par
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 Harry J. Hall, III President				Date 1/02/2017	
Signature of Authorized Representative  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

FILED**FEB 21 2017****BY**

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FORM 630 - Revised: 08/2016