

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.

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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.

2017 MAR 29 PM 1:57

1. Entity ID Number <b>1465402</b>		2. Exact name of the Corporation <b>QUICK AUTO REPAIR INC</b>			
3. Principal Office Address <b>167 DEXTER STREET</b>			City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>81</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL AUTO REPAIR</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>CHRISTIAN D LOPEZ NAVARRO</b>			Vice-President Name <b>CHRISTIAN D LOPEZ NAVARRO</b>		
Street Address <b>59 GREENE STREET APT 3</b>			Street Address <b>59 GREENE STREET APT 3</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>CHRISTIAN D LOPEZ NAVARRO</b>			Director Name		
Street Address <b>59 GREENE STREET APT 3</b>			Street Address		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>CMP</b>	PAR VALUE <b>0.01</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>CHRISTIAN D LOPEZ NAVARRO</b>				Date <b>03/20/2017</b>	
Signature of Authorized Representative <i>Christian Lopez</i>					

FILED

MAR 29 2017

By *[Signature]* 1099