



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.

2017 MAR 3

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

1. Entity ID Number 102393		2. Exact name of the Corporation Rhode Island Auto Terminal, Inc.			
3. Principal Office Address 141 James P. Murphy Highway		City West Warwick		State RI	
4. NAICS Code 48-49 - Transportation and War		6. Brief description of the character of business conducted in Rhode Island Storing of Vehicles			
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 Leo H.C. Doire, Jr.			Vice-President Name		
Street Address 141 James P. Murphy Highway			Street Address		
City West Warwick		State RI	Zip 02893	City	
Secretary Name Leo H.C. Doire, Jr.			Treasurer Name Leo H.C. Doire, Jr.		
Street Address 141 James P. Murphy Highway			Street Address 141 James P. Murphy Highway		
City West Warwick		State RI	Zip 02893	City West Warwick	
		State RI	Zip 02893		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City		State	Zip	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
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		CLASS/SERIES		PAR VALUE	
100		Common		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.					
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 Leo H.C. Doire, Jr., President				Date 3/31/17	
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

MAR 31 2017

BY 299947
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FORM 630 - Revised: 02/2017