



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

**STAMP**

**Annual Report for the year: 2017**  
**Corporation**

FUR

- 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 <b>954588</b>		2. Exact name of the Corporation <b>EVERGREEN AUTO RECOVERY, INC.</b>			
3. Principal Office Address <b>132 B Shun Pike</b>		City <b>Johnston</b>		State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>56 - Administrative and Suppor</b>		6. Brief description of the character of business conducted in Rhode Island <b>Asset recovery company</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>Kristine Marie Lough</b>			Vice-President Name <b>Kristine Marie Lough</b>		
Street Address <b>132 B Shun Pike</b>			Street Address <b>132 B Shun Pike</b>		
City <b>Johnston</b>		State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	
State <b>RI</b>		Zip <b>02919</b>	State <b>RI</b>		Zip <b>02919</b>
Secretary Name <b>Kristine Marie Lough</b>			Treasurer Name <b>Kristine Marie Lough</b>		
Street Address <b>132 B Shun Pike</b>			Street Address <b>132 B Shun Pike</b>		
City <b>Johnston</b>		State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	
State <b>RI</b>		Zip <b>02919</b>	State <b>RI</b>		Zip <b>02919</b>
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>Kristine Marie Lough</b>			Director Name		
Street Address <b>132 B Shun Pike</b>			Street Address		
City <b>Johnston</b>		State <b>RI</b>	Zip <b>02919</b>	City	
State		Zip	State		Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
10. Shares Issued This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			<b>100.00</b>	<b>STK</b>	<b>\$0.0100</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. 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 <b>Kristine Marie Lough</b>				Date <b>3-30-17</b>	
Signature of Authorized Representative 				<b>FILED</b> <b>APR 03 2017</b> 	
SIGN DOCUMENT HERE					
BY <u><b>18148</b></u>					