State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

STAMP

→ 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	2. Exact name of the Corporation		
954588	**EVERGREEN AUTO RECOVERY, INC.**		
3. Principal Office Address	City	State	Zip
132 B Shun Pike	**Johnston**	**RI**	**02919**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
56 - Administrative and Suppor	**Asset recovery company**		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Kristine Marie Lough**			Vice-President Name **Kristine Marie Lough**		
Street Address **132 B Shun Pike**			Street Address **132 B Shun Pike**		
City **Johnston**	State **RI**	Zip **02919**	City **Johnston**	State **RI**	Zip **02919**
Secretary Name **Kristine Marie Lough**			Treasurer Name **Kristine Marie Lough**		
Street Address **132 B Shun Pike**			Street Address **132 B Shun Pike**		
City **Johnston**	State **RI**	Zip **02919**	City **Johnston**	State **RI**	Zip **02919**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Kristine Marie Lough**			Director Name		
Street Address **132 B Shun Pike**			Street Address		
City **Johnston**	State **RI**	Zip **02919**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100.00	**STK**	**$0.0100**

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	Date
Kristine Marie Lough	3-20-17

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
APR 03 2017
BY 18148 DZ

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov