RI SOS Filing Number: 201744081070 Date: 6/1/2017 4:00:00 PM

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

2017 JUN -1 AM 10:57
RI SECRETARY OF STATE
CORPORATIONS DIVISION

Annual Report for the year: 2017
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
000069814	AUTO RECYCLERS ASSOCIATION OF RHODE ISLAND
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO PROVIDE COMMUNICATIONS, EDUCATION AND ASSISTANCE TO LICENSED AUTO SALVAGE YARDS IN RHODE ISLAND
4. NAICS Code: 813910	

6. Principal Office Address	City	State	Zip
950 SMITHFIELD Rd	NO. PROVIDENCE	RI	02904

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

President Name	Vice-President Name
DANIEL TURCOTTE	
Street Address: 950 SMITHFIELD ROAD	Street Address:
City: NO. PROV; State: RI; Zip: 02904	City: ; State: ; Zip:
Secretary Name	**Treasurer Name**
LARRY LEFEBVRE	DANIEL TURCOTTE
Street Address: 5 MADISON AVENUE	Street Address: 950 SMITHFIELD ROAD
City: WOONSOCKET; State: RI; Zip: 02895	City: NO. PROV; State: RI; Zip: 02904

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
DANIEL TURCOTTE	HARRY HALL
Street Address: 950 SMITHFIELD ROAD	Street Address: 56 PLAINFIELD PIKE
City: NO PROV; State: RI; Zip: 02904	City: NO. SCITUATE; State: RI; Zip: 02857
Director Name	**Director Name**
LARRY LEFEBVRE	ROBERT PELLAND
Street Address: 5 MADISON AVE	Street Address: 381 HUNTINGTON AVE
City: WOONSOCKET; State: RI; Zip: 02895	City: PROV; State: RI; Zip: 02909

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
DANIEL TURCOTTE, PRES	5-30-17

Signature of Officer/Authorized Representative: Daniel Turcotte

FILED 5-30-17

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

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FORM 631 - Revised: 05/2017