



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

Annual Report for the year: 2017  
 Corporation

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2017 NOV 20 AM 11:05

- 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 <u>158580</u>		2. Exact name of the Corporation <u>Hemlock Brook Auto Sales + Service INC.</u>			
3. Principal Office Address <u>33 Mill Rd</u>		City <u>FOSTER</u>		State <u>RI</u>	Zip <u>02825</u>
4. NAICS Code <u>441120</u>		6. Brief description of the character of business conducted in Rhode Island <u>AUTO SALES</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>NEWELL W WRIGHT I</u>			Vice-President Name <u>MATTHEW WRIGHT</u>		
Street Address <u>33 Mill Rd</u>			Street Address <u>33 Mill Rd</u>		
City <u>Foster</u>		State <u>RI</u>	Zip <u>02825</u>	City <u>Foster</u>	
State <u>RI</u>		Zip <u>02825</u>		State <u>RI</u>	
Zip <u>02825</u>		City <u>Foster</u>		State <u>RI</u>	
City <u>Foster</u>		State <u>RI</u>		Zip <u>02825</u>	
Secretary Name <u>MATTHEW WRIGHT</u>			Treasurer Name <u>NEWELL W WRIGHT - II</u>		
Street Address <u>33 Mill Rd</u>			Street Address <u>33 Mill Rd</u>		
City <u>Foster</u>		State <u>RI</u>	Zip <u>02825</u>	City <u>Foster</u>	
State <u>RI</u>		Zip <u>02825</u>		State <u>RI</u>	
Zip <u>02825</u>		City <u>Foster</u>		State <u>RI</u>	
City <u>Foster</u>		State <u>RI</u>		Zip <u>02825</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>NEWELL W. WRIGHT II</u>			Director Name <u>NOON</u>		
Street Address <u>33 Mill Rd</u>			Street Address		
City <u>Foster</u>		State <u>RI</u>	Zip <u>02825</u>	City	
State <u>RI</u>		Zip <u>02825</u>		State	
Zip		City		State	
City		State		Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES <u>500</u>	CLASS/SERIES <u>NO PAR</u>	PAR VALUE <u>\$0.01</u>
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 <u>NEWELL W. WRIGHT</u>				Date <u>11 20, 17</u>	Date <u>11 20, 17</u>
Signature of Authorized Representative <u>[Signature]</u>				<b>FILED</b>	

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BY 317876

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