



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2017 NOV 20 AM 11:05

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>
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>
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	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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
			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. <b>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.</b>					
Name of Authorized Representative <u>NEWELL W. WRIGHT</u>			Date <u>11:06 AM</u>		<u>11 2017</u>
Signature of Authorized Representative <u>[Signature]</u>			<b>FILED</b>		