State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
JAN 05 2018
BY 21315

1. Entity ID Number	2. Exact name of the Corporation		
52697	HALL'S GARAGE, INC.		
3. Principal Office Address	City	State	Zip
56 Plainfield Pike	North Scituate	RI	02857-0000
4. NAICS Code: 423920	6. Brief description of the character of business conducted in Rhode Island: motor vehicles		
5. State of Incorporation: RI			

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

President Name	Street Address	City	State	Zip
Harry J. Hall, III	56 Plainfield Pike	North Scituate	RI	02857-

Vice-President Name	Street Address	City	State	Zip
Harry J. Hall, III	56 Plainfield Pike	North Scituate	RI	02857-

Secretary Name	Street Address	City	State	Zip
Harry J. Hall, III	56 Plainfield Pike	North Scituate	RI	02857-

Treasurer Name	Street Address	City	State	Zip
Harry J. Hall, III	56 Plainfield Pike	North Scituate	RI	02857-

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

Director Name	Street Address	City	State	Zip
Harry J. Hall, III	56 Plainfield Pike	North Scituate	RI	02857-

Director Name	Street Address	City	State	Zip
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none

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	Common	No Par

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
Harry J. Hall, III	President	1/02/2018

Signature of Authorized Representative

Harry J. Hall, III

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

FORM 630 - Revised: 10/2017