



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.

1. Entity ID Number 90190		2. Exact name of the Corporation TRUDEAU'S AUTO REPAIR, INC			
3. Principal Office Address 654 CASS AVE.		City WOONSOCKET		State RI	Zip 02895
4. NAICS Code 81-OTHER SERVICES	6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE REPAIR				
5. State of Incorporation RHODE ISLAND	81112				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT E. TRUDEAU			Vice-President Name ROBIN TRUDEAU SILVIA		
Street Address 99 ALLEN STREET UNIT #217			Street Address 339 MAIN STREET		
City WOONSOCKET	State RI	Zip 02895	City ASHAWAY	State RI	Zip 02804
Secretary Name ROBERT E. TRUDEAU			Treasurer Name ROBIN TRUDEAU SILVIA		
Street Address 99 ALLEN STREET UNIT #217			Street Address 339 MAIN STREET		
City WOONSOCKET	State RI	Zip 02895	City ASHAWAY	State RI	Zip 02804
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 ROBIN T. SILVIA				Date 1/30/2018	
Signature of Authorized Representative <i>Robin T. Silvia</i> SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FEB 02 2018

BY 10780 DS

FORM 630 - Revised: 10/2017