



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

Annual Report for the year: **2018**
 Corporation

37A

- 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 1657240		2. Exact name of the Corporation Car Guy Incorporated			
3. Principal Office Address 3 Paula Lane			City Johnston	State RI	Zip 02919
4. NAICS Code 81 1121		6. Brief description of the character of business conducted in Rhode Island Used auto sales and auto repair.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert C. Lourenco			Vice-President Name Robert C. Lourenco		
Street Address 3 Paula Lane			Street Address 3 Paula Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Robert C. Lourenco			Treasurer Name Robert C. Lourenco		
Street Address 3 Paula Lane			Street Address 3 Paula Lane		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
			None	Common	No 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 Robert C. Lourenco				Date 1/31/18	
Signature of Authorized Representative <i>Robert C. Lourenco</i>					

FILED
SIGN DOCUMENT HERE

FEB 05 2018

BY 3141

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov