



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 155016		2. Exact name of the Corporation COUNTY AUTO SUPPLY, INC.			
3. Principal Office Address 200 MAIN STREET		City WAKEFIELD		State RI	Zip 02879
4. NAICS Code 441300		6. Brief description of the character of business conducted in Rhode Island AUTO PARTS AND SUPPLIES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ROBERT L. FADDEN			Vice-President Name ROBERT L. FADDEN		
Street Address 200 MAIN STREET			Street Address 200 MAIN STREET		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name ROBERT L. FADDEN			Treasurer Name ROBERT L. FADDEN		
Street Address 200 MAIN STREET			Street Address 200 MAIN STREET		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name ROBERT L. FADDEN			Director Name NONE		
Street Address 200 MAIN STREET			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	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. <i>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.</i>					
Name of Authorized Representative ROBERT L. FADDEN, PRESIDENT					Date 2/10/18
Signature of Authorized Representative 					

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

FILED
FEB 13 2018

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FORM 630 - Revised: 10/2017