RI SOS Filing Number: 201858311430 Date: 2/14/2018 4:00:00 PM

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	2. Exact name of the Corporation			
124314	**Lorwal Auto Repair, Inc.**			
3. Principal Office Address		City	State	Zip
13 Post Road		**Warwick**	**RI**	**02888**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
81 - Other Services 8112	**operation of an auto body repair shop**			
5. State of Incorporation				
Rhode Island				

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

President Name **Walter Rix**			Vice-President Name		
Street Address **13 Post Road**			Street Address		
City **Warwick**	State **RI**	Zip **02888**	City	State	Zip
Secretary Name **Walter Rix**			Treasurer Name **Walter Rix**		
Street Address **13 Post Road**			Street Address **13 Post Road**		
City **Warwick**	State **RI**	Zip **02888**	City **Warwick**	State **RI**	Zip **02888**

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

Director Name **Walter Rix**			Director Name		
Street Address **13 Post Road**			Street Address		
City **Warwick**	State **RI**	Zip **02888**	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**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.

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
Walter Rix, President	2-10-2018

Signature of Authorized Representative

✓ [signature] ENDORSEMENT FEE **FILED**

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

FEB 14 2018
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FORM 630 - Revised: 10/2017