RI SOS Filing Number: 201867575290 Date: 5/29/2018 10:51:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017- Amended Corporation

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

STAMP

2018 MAY 29 AM 10: 51

Fr.

→ 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 nan	2. Exact name of the Corporation					
53724	CROWT	CROWTHER AUTO CO.					
3. Principal Office Address			City		State	Zip	
134C Howard Hill Road			Foster		RI	02825	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business	conducted in Rhode I	sland	<u> </u>	
811111	1						
5. State of Incorporation	General a	uto repair, sales a	nd assisting c	ustomers with all of t	heir automo	otive needs.	
Rhode Island							
7. List ALL officers (names and	1 addresses)			Check	the hay to ir	odicate an attachment D	
President Name L. Marc Paulhus			Check the box to indicate an attachment Vice-President Name				
Street Address 134C Howard Hill Road			Street Address				
^{City} Foster	State RI	Zip 02825	'		State	Zip	
Secretary Name L. Marc Paulhus			Treasurer Name L. Marc Paulhus				
Street Address 134C Howard Hill Road			Street Address 134C Howard Hill Road				
City Foster	State RI	^{Zıp} 02825	City Foster		State RI	^{Zip} 02825	
8. List ALL directors (names ar	nd addresses)				the box to ir	ndicate an attachment 🔲	
Director Name L. Marc Paulhus	5		Director Nan	ne			
Street Address 134C Howard Hill Road			Street Address				
City Foster	State RI	^{Zip} 02825	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized 10. Share		10. Shares Is:	Issued 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 VA. UF		
		10			common		
11. This report must be execute	ed on behalf of the	corporation by an	authorized repri	esentative. If the corno	ration is in t	he hands of a receiver or	
trustee, this report must be exe			•	•	ration is in t	ne hands of a receiver of	
Under penalty of perjury, I de				including any accon	npanying so	hedules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date		
L. Marc Paulhus	oul-	May 29, 2018					
Signature of Authorized Repres	sentative	V		FILED			
		SIGN DO	CUMENT HER	E MAY 29 2018			
				WVX 3.3 \nu		- /	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY A. A. 10:51 A.M.

FORM 630 - Revised: 10/2017

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

May 29, 2018 10:51 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

