RI SOS Filing Number: 201867575830 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: 2015- Amendi

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

SECRETARY DE STA CORPORATIONS DIV	
2018 MAY 29 AM 10: 5	/Ε

Entity ID Number	2. Exact nar	2. Exact name of the Corporation  CROWTHER AUTO CO.						
53724								
3. Principal Office Address			City		State	Zip		
134C Howard Hill Road	I34C Howard Hill Road				RI	02825		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
811111								
5. State of Incorporation	General a	General auto repair, sales and assisting customers with all of their automotive needs.						
Rhode Island								
7. List ALL officers (names a	and addresses)			Check	the box to inc	dicate an attachment 🗖		
President Name L. Marc Paulhus			Vice-President Name					
Street Address 134C Howard Hill Road			Street Address					
<sup>City</sup> Foster	State RI	Zip 02825	City		State	Zıp		
Secretary Name L. Marc Paul	lhus	• • • • • • • • • • • • • • • • • • •	Treasurer Name L. Marc Paulhus					
Street Address 134C Howard Hill Road			Street Address 134C Howard Hill Road					
<sup>City</sup> Foster	State RI	<sup>Zip</sup> 02825	City Foster		State RI	<sup>Zıp</sup> 02825		
8. List ALL directors (names	and addresses)			Check	the box to inc	dicate an attachment 🔲		
Director Name L. Marc Paulh	nus		Director Nan	ne				
Street Adcress 134C Howard Hill Road			Street Adcress					
City Foster	State RI	Zip 02825	City		State	Zip		
Director Name	<b>.</b>	<u>.</u>	Director Nam	ne				
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
9. Shares Authorized	<u>_</u>	10. Shares is	). Shares Issued Ch		heck the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER C	F SHARES	CLASS/SERIES PAR VALUE				
		10	10			0.00		
11. This report must be exec					oration is in th	e hands of a receiver or		
trustee, this report must be a Under penalty of perjury, I	executed on behalf o	f the corporation by	the receiver or	trustee.	nnanvina sci	hedules and		
statements, and that all st					punying so			
Name of Authorized Representative			7. T	Date				
L. Marc Paulhus			W_	May 29, 2018				
Signature of Authorized Rep	resentative			FILED	<del>-</del>			
		SIGN DO	CUMENT HER	ਹ <u> </u>				
				- WAL NO TAIR.		_		

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. H. 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

