



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

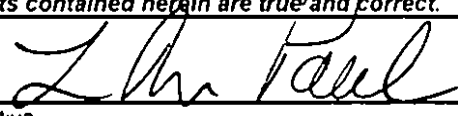
Annual Report for the year: **2015- Amendment**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 MAY 29 AM 10:51

1. Entity ID Number 53724		2. Exact name of the Corporation CROWTHER AUTO CO.			
3. Principal Office Address 134C Howard Hill Road		City Foster		State RI	Zip 02825
4. NAICS Code 811111	6. Brief description of the character of business conducted in Rhode Island General auto repair, sales and assisting customers with all of their automotive needs.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name L. Marc Paulhus			Vice-President Name		
Street Address 134C Howard Hill Road			Street Address		
City Foster	State RI	Zip 02825	City	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	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name L. Marc Paulhus			Director Name		
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. Shares 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		PAR VALUE
			CLASS/STRIKES		
			10	common	0.00
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 L. Marc Paulhus 					Date May 29, 2018
Signature of Authorized Representative					
SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAY 29 2018
BY A.A. 10:51 AM

FORM 630 - Revised: 10/2017