State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

Annual Report for the year: 2015- Amended
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
53724	CROWTHER AUTO CO.

3. Principal Office Address	City	State	Zip
134C Howard Hill Road	Foster	RI	02825

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811111	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	Vice-President Name
L. Marc Paulhus	
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	Director Name
L. Marc Paulhus	
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	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	Date
L. Marc Paulhus	May 29, 2018

Signature of Authorized Representative: L. Marc Paul

SIGN DOCUMENT HERE

FILED
MAY 30 2018
BY A. A. 10:51 A.M.

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

FORM 630 - Revised: 10/2017