

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

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 71615		2. Exact name of the Corporation Richmond Diesel & Tire Co., Inc.	
3. Principal Office Address 530 Nooseneck Hill Road		City Exeter	State RI
		Zip 02822	
4. Business Phone Number 401-397-6360		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Truck repair, service and sales <i>8/11/2</i>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Gregory F. Jarvis		Vice-President Name Gregory F. Jarvis	
Street Address 530 Nooseneck Hill Road		Street Address 530 Nooseneck Hill Road	
City Exeter	State RI	City Exeter	State RI
Zip 02822		Zip 02822	
Secretary Name Gregory F. Jarvis		Treasurer Name Gregory F. Jarvis	
Street Address 530 Nooseneck Hill Road		Street Address 530 Nooseneck Hill Road	
City Exeter	State RI	City Exeter	State RI
Zip 02822		Zip 02822	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name N/A		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. 600 common no par value		1. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES 200	CLASS/SERIES common
		PAR VALUE 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 Gregory F. Jarvis, President			Date 1-15-19
Signature of Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE			

FILED

JAN 22 2019

BY *23372*

DS

MAIL TO:

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