



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.

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 SECRETARY OF STATE
 CORPORATION'S DIV
 2019 JAN 14 PM 12:35

1. Entity ID Number 000485832		2. Exact name of the Corporation Auto Color Enterprises, Inc.												
3. Principal Office Address 514 High Street			City Wakefield	State RI	Zip 02879									
4. NAICS Code 441310	6. Brief description of the character of business conducted in Rhode Island retail and wholesale auto parts													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name wayne a boyd			Vice-President Name wayne a boyd											
Street Address 153 westwind road			Street Address											
City wakefield	State ri	Zip 02879	City	State	Zip									
Secretary Name wayne a boyd			Treasurer Name wayne a boyd											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000.00</td> <td></td> <td>0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000.00		0.01			
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1000.00		0.01												
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 wayne a. boyd				Date 01/10/2019										
Signature of Authorized Representative <i>Wayne A. Boyd</i>														

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