



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
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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"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		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>				FILED	

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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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