

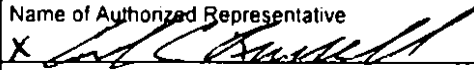
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000760942		2. Exact name of the Corporation CJ'S TIRE & AUTO SERVICE, INC.			
3. Principal Office Address 112 CONNELL HIGHWAY			City NEWPORT	State RI	Zip 02840
4. NAICS Code 811110		6. Brief description of the character of business conducted in Rhode Island AUTO REPAIR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name CARL C RUSSELL			Vice-President Name		
Street Address 51 DUDLEY AVENUE			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Secretary Name CARL C RUSSELL			Treasurer Name CARL C RUSSELL		
Street Address 51 DUDLEY AVENUE			Street Address 51 DUDLEY AVENUE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name CARL C RUSSELL			Director Name		
Street Address 51 DUDLEY AVENUE			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIFS	
		1000		COMMON	
				PAR VALUE	
				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 X 					Date 2/02/04/19
Signature of Authorized Representative CARL C RUSSELL					

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

FILED
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BY 2437