



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
CORPORATIONS DIV

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1. Entity ID Number 000891190		2. Exact name of the Corporation Leffingwell's Garage, Inc.			
3. Principal Office Address 350 Metacom Avenue			City Bristol	State RI	Zip 02809
4. NAICS Code 811110	6. Brief description of the character of business conducted in Rhode Island Auto Repair Service				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Roy Leffingwell			Vice-President Name Eric Leffingwell		
Street Address 4 Massasoit Avenue			Street Address 27 Englewood Court		
City Bristol	State RI	Zip 02809	City Warren	State RI	Zip 02885
Secretary Name Eric Leffingwell			Treasurer Name Roy Leffingwell		
Street Address 27 Englewood Court			Street Address 4 Massasoit Avenue		
City Warren	State RI	Zip 02885	City Bristol	State RI	Zip 02809
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Roy Leffingwell					Date 1/7/19
Signature of Authorized Representative <i>X Roy Leffingwell</i>					SIGN DOCUMENT HERE

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

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FORM 630 - Revised: 10/2017

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