



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 <b>000004023</b>		2. Exact name of the Corporation <b>QUALITY AUTO REPAIR INC</b>			
3. Principal Office Address <b>503 DEXTER STREET</b>			City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
4. NAICS Code <b>811111</b>		6. Brief description of the character of business conducted in Rhode Island <b>AUTO REPAIR</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>RICHARD G AUBIN SR</b>			Vice President Name <b>RICHARD G AUBIN JR</b>		
Street Address <b>89 CROSS ST</b>			Street Address <b>127 CHESTNUT ST</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
Secretary Name <b>PAULINE AUBIN</b>			Treasurer Name <b>RICHARD G AUBIN SR</b>		
Street Address <b>127 CHESTNUT ST</b>			Street Address <b>89 CROSS STREET</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>NONE</b>	<b>NONE</b>	<b>NONE</b>
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. <b>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.</b>					
Name of Authorized Representative <b>RICHARD G AUBIN SR</b>				Date <b>2-19-19</b>	
Signature of Authorized Representative <b>Richard G Aubin SR</b> <span style="float:right"><b>FILED</b></span>					

FEB 21 2019

BY 34424 DS FORM 630 - Revised: 10/2017