



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 000004023		2. Exact name of the Corporation QUALITY AUTO REPAIR INC			
3. Principal Office Address 503 DEXTER STREET		City CENTRAL FALLS		State RI	Zip 02863
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island AUTO REPAIR			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Richard G Aubin SR			Vice President Name Richard G Aubin JR		
Street Address 89 CROSS ST			Street Address 127 CHESTNUT ST		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name PAULINE AUBIN			Treasurer Name RICHARD G AUBIN SR		
Street Address 127 CHESTNUT ST			Street Address 89 CROSS STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES NONE	CLASS/SERIES NONE	PAR VALUE NONE
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 Richard G Aubin SR				Date 2-19-19	
Signature of Authorized Representative Richard G Aubin SR				FILED	

FEB 21 2019

BY 34424 DS FORM 630 - Revised: 10/2017