



State of Rhode Island and Providence Plantations

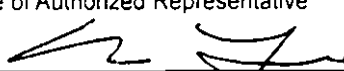
Department of State - Business Services Division

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 82637		2. Exact name of the Corporation Dunn's Corners Repair, Inc			
3. Principal Office Address 260 Post Road		City Westerly		State RI	Zip 02891
4. NAICS Code 332710 Motor Vehicle Services (except Public Transportation)		6. Brief description of the character of business conducted in Rhode Island AUTOMOBILE REPAIR AND SALE OF AUTOMOBILE REPAIR PARTS AND ACCESSORIES			
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 Ronald G. Fusaro			Vice-President Name NONE		
Street Address P.O. Box 1481			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Ronald G. Fusaro			Treasurer Name Ronald G. Fusaro		
Street Address P.O. Box 1481			Street Address P.O. Box 1481		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ronald G. Fusaro			Director Name		
Street Address P.O. Box 1481			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES Common	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.					
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 Ronald G. Fusaro					Date 2/11/18
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 21 2019

BY 22308 DS FORM 630 - Revised: 02/2017