



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

2019 FEB 21 PM 2:17

1. Entity ID Number 789056		2. Exact name of the Corporation A CLASSIC CAR SERVICE LTD	
3. Principal Office Address 779 PARK AVENUE		City CRANSTON	State RI
4. NAICS Code 485999		Zip 02910	
5. State of Incorporation RI		6. Brief description of the character of business conducted in Rhode Island CAR SERVICE - TRANSPORTATION	
7. List ALL officers (names and addresses)			
President Name MICHAEL P. DUFFY		Vice-President Name Check the box to indicate an attachment <input type="checkbox"/>	
Street Address 17 GREENWOOD STREET		Street Address	
City CRANSTON	State RI	Zip 02910	City State Zip
Secretary Name		Treasurer Name SAME	
Street Address		Street Address	
City	State	Zip	City State Zip
8. List ALL directors (names and addresses)			
Director Name		Director Name Check the box to indicate an attachment <input type="checkbox"/>	
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 Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES 01
			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 MICHAEL P. DUFFY		Date 2-21-19	
Signature of Authorized Representative <i>Michael P. Duffy</i>		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

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BY *P2JIR*

FORM 630 - Revised: 10/2017