



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP
JAN 30 2023
BY 32287
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1. Entity ID Number 3260		2. Exact name of the Corporation C. L. ENTERPRISES, INC			
3. Principal Office Address 171 Old Tower Hill Road		City Wakefield		State RI	Zip 02879
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island Automotive Repairs &, Services, and sale of fuel			
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 R. Harold Thomas, Jr.			Vice-President Name		
Street Address 11 Wishing Well Circle			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name R. Harold Thomas, Jr.			Treasurer Name R. Harold Thomas, Jr.		
Street Address 11 Wishing Well Circle			Street Address 11 Wishing Well Circle		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Check the box to indicate an attachment <input type="checkbox"/>					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		No Par Value	
Changes require an additional filing.					
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 R. Harold Thomas, Jr.					Date 1/28/2020
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017