



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

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| | | | | | |
|---|-------------|--|---|-------------|--------------------|
| 1. Entity ID Number 000090190 | | 2. Exact name of the Corporation Trudeau's Auto Repair, Inc. | | | |
| 3. Principal Office Address 8654 Cass Ave. | | | City Woonsocket | State RI | Zip 02895 |
| 4. NAICS Code 81112 | | 6. Brief description of the character of business conducted in Rhode Island Automotive repair and inspections | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Robert E. Trudeau | | | Vice-President Name Robin Trudeau Silva | | |
| Street Address 99 Allen Street Unit #217 | | | Street Address 339 Main Street | | |
| City Woonsocket | State RI | Zip 02895 | City Ashaway | State RI | Zip 02804 |
| Secretary Name Robert E. Trudeau | | | Treasurer Name Robin Trudeau Silva | | |
| Street Address 99 Allen Street Unit #217 | | | Street Address 339 Main Street | | |
| City Woonsocket | State RI | Zip 02895 | City Ashaway | State RI | Zip 02804 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name None | | | Director Name None | | |
| 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 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. | | | NUMBER OF SHARES 10070 | | |
| | | | 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. 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 Robin T. Silva | | | | | Date 2/15/2020 |
| Signature of Authorized Representative Robin T. Silva | | | | | SIGN DOCUMENT HERE |

MAIL TO:

Division of Business Services

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