RI SOS Filing Number: 202037148740 Date: 4/2/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Corporation

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED	
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4. E-W. ID No. 1	10.5								
1. Entity ID Number		Exact name of the Corporation							
98825	Conn Te	ch Automotiv	e, Inc.						
3. Principal Office Address			City		State	Zip			
180 Jefferson Blvd.			Warwick		RI	02888			
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island							
441310	TO ENGAG	TO ENGAGE IN AUTOMOTIVE SERVICING, MAINTENANCE AND REPAIR, TO PURCHASE STOCK,							
5. State of Incorporation		DISPLAY, SUPPLY AND SELL AT RETAIL, NEW AND/OR USED AUTOMOTIVE PARTS AND							
RHODE ISLAND	ACCESSO	RIES.							
7. List ALL officers (names ar	nd addresses)			Chec	k the box to i	ndicate an attachment			
President Name Michael H. Connelly			Vice-President Name Sherry Marx Connelly						
Street Address 180 Jefferson Blvd.			Street Address 180 Jefferson Blvd.						
^{City} Warwick	State RI	Zip 02888	City		State	Zip			
Secretary Name Sherry Marx Connelly			Treasurer Na	Treasurer Name Michael H. Connelly					
Street Address 180 Jefferson Blvd.		Street Address 180 Jefferson Blvd.							
City Warwick	State RI	Z ^{ip} 02888	City Warwick		State RI	Zip 02888			
8. List ALL directors (names	and addresses)			Chec	k the box to i	ndicate an attachment			
Director Name Michael H. Co	nnelly		Director Nam						
Street Address 180 Jefferson Blvd.		Street Address							
City Warwick	State RI	Zip 02888	City		State	Zip			
Director Name	<u> </u>		Director Name						
Street Address			Street Addres	Street Address					
City	State	Zip	City		State	Zip			
9. Shares Authorized	. <u> </u>	10. Shares Is		ued Check the box to indicate an attachment □					
This information is currently of record in the		NUMBER C	NUMBER OF SHARES		CLASS/SERIES PAR VALUE				
Department of State. Changes require an additional filing.		100	100 Co		No Par Value				
onanges require an auditional	ming.	j							
11. This report must be execu	ted on behalf of the	corporation by an	authorized repre	esentative. If the corp	poration is in	the hands of a receiver or			
trustee, this report must be e Under penalty of perjury, I	xecuted on behalf of declare and affirm:	the corporation by	the receiver or the	trustee. Including any acco	mnanvina s	chodules and			
statements, and that all sta	tements contained	herein are true a	nd correct.	aung any acco	inpanying s	chedules and			
Name of Authorized Represe	ntative				Date				
Michael H. Connelly					2-18-20				
Signature of Authorized Repr	esentative Muli	11/6	CUMENT HERE	<u> </u>					
<u> </u>	77000	14							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov