



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

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BUS SVCS DIV

2020 NOV -2 P 1:04

Annual Report for the year: 2012

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 000111619		2. Exact name of the Corporation Sakonnet Auto Service Inc		
3. Principal Office Address 560 Main Road		City Tiverton	State RI	Zip 02878-1307
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Auto Repair and Service shop.		
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 Glen MacLaughlin		Vice-President Name Glen MacLaughlin		
Street Address 560 Main Road		Street Address 560 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI
Secretary Name Glen MacLaughlin		Treasurer Name Glen MacLaughlin		
Street Address 560 Main Road		Street Address 560 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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.		<div style="display: flex; justify-content: space-between;"><div>NUMBER OF SHARES</div><div>CLASS/SERIES</div><div>PAR VALUE</div></div>		
		000		
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 Glen MacLaughlin				Date 5/14/2020
Signature of Authorized Representative 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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