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R.I. DEPT. OF STATE
BUS. SCS. DIV.



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

2020 NOV - 4 P 4:05-

Annual Report for the year: 2003
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	Zip 02878
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	Zip 02878
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			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	CLASS/SERIES	PAR VALUE
			0	0	0
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 					

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 P/CSPP
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