



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**Corporation**

**FILED**

JAN 11 2021

6193 DS

- 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 <u>000105468</u>	2. Exact name of the Corporation <u>E. Patrick Doherty Inc</u>		
3. Principal Office Address <u>17 Hedward Avenue</u>		City <u>Westerly</u>	State <u>RI</u>
		Zip <u>02891</u>	
4. NAICS Code <u>811118</u>	6. Brief description of the character of business conducted in Rhode Island <u>General Automotive Mechanical + Electrical Repair + Maintenance. Emissions testing.</u>		
5. State of Incorporation <u>RI</u>			

7. List ALL officers (names and addresses)				Check the box to indicate an attachment	
President Name <u>E. Patrick Doherty</u>		Vice-President Name <u>Heather Doherty</u>			
Street Address <u>8 Hedward Ave</u>		Street Address <u>12 Narragansett Ave</u>			
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
Secretary Name <u>Suzanne K. Doherty</u>		Treasurer Name <u>Christopher Correll</u>			
Street Address <u>8 Hedward Ave</u>		Street Address <u>108 Oak St</u>			
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>

8. List ALL directors (names and addresses)				Check the box to indicate an attachment	
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	
This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
	<u>0</u>		<u>0</u>		

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 <u>E. Patrick Doherty</u>	Date <u>1/06/2021</u>
Signature of Authorized Representative <u>E. Patrick Doherty</u>	

MAIL TO: