



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
 \* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 121218		2. Name of Corporation FEARNS ENTERPRISES, INC.			
3. Street Address Principal Business Office 48 John Potter Road			City W. Greenwich	State RI	Zip 02817
4. Business Phone No. 401-397-9728		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island AUTO REPAIR					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael S. Fearn, Sr.			Vice President Name Michael S. Fearn, Jr.		
Street Address 48 John Potter Road			Street Address 48 John Potter Road		
City W. Greenwich	State RI	Zip 02817	City W. Greenwich	State RI	Zip 02817
Secretary Name Michael S. Fearn, Jr.			Treasurer Name Michael S. Fearn, Sr.		
Street Address 48 John Potter Road			Street Address 48 John Potter Road		
City W. Greenwich	State RI	Zip 02817	City W. Greenwich	State RI	Zip 02817
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			10. SHARES ISSUED: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	common	no par value	-0-	common
					no par value
THIS SECTION MUST BE COMPLETED					

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.



**FILED**

JAN 12 2021

\*121218\*

File Date: \_\_\_\_\_ BY: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 For SECRETARY OF STATE USE ONLY

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.

Signature: X Michael S. Fearn, Sr. Date: 1/6/2021

Print or Type Name: Michael S. Fearn, Sr.  
 Title: President