State of Rhode Island

Department of State - Business Services Division

FILED
JAN 21 2021
BY

Annual Report for the year: 2021

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	2. Exact name of the Corporation
105958	401 Motoring Inc

3. Principal Office Address	City	State	Zip
1980 East Main Road	Portsmouth	RI	02871

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
325612	Component installation and reconditioning of automobiles
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
John J. Dearruda	John J. Dearruda
Street Address: 1980 East Main Road	Street Address: 1980 East Main Road
City: Portsmouth, State: RI, Zip: 02871	City: Portsmouth, State: RI, Zip: 02871
Secretary Name	Treasurer Name
Street Address	Street Address
City, State, Zip	City, State, Zip

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		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	Date
JOHN J DeARRUDA	1/14/21
Signature of Authorized Representative	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020