



**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. <b>152821</b>		2. Name of Corporation <b>EXETER AUTO REPAIR, INC.</b>			
3. Street Address Principal Business Office <b>565 Nooseneck Hill Road</b>			City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
4. Business Phone No. <b>401-397-6633</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>AUTO REPAIR (S1121)</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/>					
President Name <b>Andrew Slater</b>			Vice President Name <b>Denise Slater</b>		
Street Address <b>565 Nooseneck Hill Road</b>			Street Address <b>565 Nooseneck Hill Road</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
Secretary Name <b>Denise Slater</b>			Treasurer Name <b>Andrew Slater</b>		
Street Address <b>565 Nooseneck Hill Road</b>			Street Address <b>565 Nooseneck Hill Road</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/>					
Director Name <b>n/a</b>			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 checked="" type="checkbox"/> 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>	<b>COMMON</b>	<b>no par value</b>	<b>-1000-</b>	<b>COMMON</b>	<b>no par value</b>
<b>THIS SECTION MUST BE COMPLETED</b>					

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** 2821\*

File Date: **JAN 27 2021**  
 Check No.: **24807**  
 By: **BY 24807**  
 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 Andrew Slater** Date: **1-20-21**  
 Andrew Slater  
 Print or Type Name  
 President  
 Title