



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. 152821		2. Name of Corporation EXETER AUTO REPAIR, INC.			
3. Street Address Principal Business Office 565 Nooseneck Hill Road			City Exeter	State RI	Zip 02822
4. Business Phone No. 401-397-6633		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island AUTO REPAIR (S1121)					
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 Andrew Slater			Vice President Name Denise Slater		
Street Address 565 Nooseneck Hill Road			Street Address 565 Nooseneck Hill Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Denise Slater			Treasurer Name Andrew Slater		
Street Address 565 Nooseneck Hill Road			Street Address 565 Nooseneck Hill Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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 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"/> 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input 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
1,000 NO PAR VALUE	COMMON	no par value	-1000-	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 152821*

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