



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
**STAMP**  
 2021 JAN 27 AM 9:20

1 Entity ID Number <b>000003260</b>		2 Exact name of the Corporation <b>C.L. ENTERPRISES, INC.</b>			
3 Principal Office Address <b>171 Old Tower Hill Road</b>			City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
4 NAICS Code <b>811121</b>		6 Brief description of the character of business conducted in Rhode Island <b>Automotive Repairs and services</b>			
5 State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>R. Harold Thomas Jr.</b>			Vice-President Name		
Street Address <b>11 Wishing Well Circle</b>			Street Address		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Secretary Name <b>R. Harold Thomas Jr.</b>			Treasurer Name <b>R. Harold Thomas Jr.</b>		
Street Address <b>11 Wishing Well Circle</b>			Street Address <b>11 Wishing Well Circle</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>R. Harold Thomas Jr.</b>			Director Name		
Street Address <b>11 Wishing Well Circle</b>			Street Address		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				PAR VALUE	
				No Par Value	
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.					
<b>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.</b>					
Name of Authorized Representative <b>R. Harold Thomas Jr., President</b>					Date <b>1/21/2021</b>
Signature of Authorized Representative <i>R. Harold Thomas Jr.</i>					

**FILED**  
 SIGN DOCUMENT HERE

JAN 27 2021

*C92RS*