



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

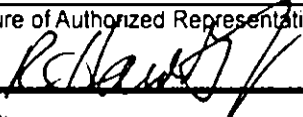
→ Filing period: January 1 - March 1

→ 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 000003260		2. Exact name of the Corporation C.L. ENTERPRISES, INC.			
3. Principal Office Address 171 Old Tower Hill Road		City Wakefield		State RI	Zip 02879
4. NAICS Code 811121	6. Brief description of the character of business conducted in Rhode Island Automotive Repairs and services				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name R. Harold Thomas Jr.			Vice-President Name		
Street Address 11 Wishing Well Circle			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name R. Harold Thomas Jr.			Treasurer Name R. Harold Thomas Jr.		
Street Address 11 Wishing Well Circle			Street Address 11 Wishing Well Circle		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name R. Harold Thomas Jr.			Director Name		
Street Address 11 Wishing Well Circle			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	Common	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.					
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 R. Harold Thomas Jr., President					Date 1/21/2021
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

SIGN DOCUMENT HERE

JAN 27 2021

C92RS

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov