RI SOS Filing Number: 202192450830 Date: 2/18/2021 4:00:00 PM

## State of Rhode Island

## **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.

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FEB 1.8 2021	50
BY 31008	· .

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
13313		MUTTER MOTORS, INC.						
3. Principal Office Address			City		State	Zip '		
505 Broad Street			Cumberland	i	RI	02864		
4. NAICS Code	6. Brief descr	iption of the charac	cter of business o	conducted in Rhode Is	sland	<u> </u>		
441120	PURCHASING AND SELLING USED CARS							
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names an	d addresses)		<del></del> .	Check	the box to in	ndicate an attachment		
President Name Frederick Mutter, Jr.			Vice-President Name Jeffrey Mutter					
Street Address 115 Crestwood Court			Street Address 15 Kent Street					
City Cumberland	State RI	Zip <sub>02864</sub>	City Cumberland		State RI	<sup>Zip</sup> 02864		
Secretary Name Rudolph Mutt	er	Treasurer Name Jeffre						
Street Address 80 Bear Hill Road, Unit 205		Street Address 15 Kent Street						
City Cumberland	State-RI -	Zip <sub>02864</sub>	- City Cumber		State RI	Zip 02864		
8. List ALL directors (names a	and addresses)		<u> </u>	Check	the box to it	ndicate an attachment		
Director Name Frederick Mutter, Jr.			Director Name	Director Name Jeffrey Mutter				
Street Address 115 Crestwood Court			Street Address 15 Kent Street					
City Cumberland	State RI	<sup>Zip</sup> 02864	City Cumberland		State RI	Zip 02864		
Director Name			Director Name	Director Name .				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issued		Check	Check the box to indicate an attachment			
-	ormation is currently of record in the NUMBER		F SHARES	SHARES CLASS/SERIES PAR VALUE				
Department of State.		100	•	COMMON		NO PAR		
Changes require an additional	filing.							
11. This report must be execu	ited on behalf of the	corporation by an	authorized repre	sentative. If the corpo	oration is in	the hands of a receiver or		
trustee, this report must be ex	xecuted on behalf of	the corporation by	the receiver or t	rustee.		· -		
Under penalty of perjury, I destatements, and that all sta				including any accor	npanying S	cnedules allo		
Name of Authorized Representative					Date			
FREDERICK MUTTER, JR.					1/14/2021			
Signature of Authorized Repr	_			<del></del>	<u> </u>			
Julect 5	meiler-	25						

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.n.gov