



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.

FILED

FEB 18 2021

BY

31668

1. Entity ID Number 13313		2. Exact name of the Corporation MUTTER MOTORS, INC.			
3. Principal Office Address 505 Broad Street			City Cumberland	State RI	Zip 02864
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island PURCHASING AND SELLING USED CARS			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate 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 02864	City Cumberland	State RI	Zip 02864
Secretary Name Rudolph Mutter			Treasurer Name Jeffrey Mutter		
Street Address 80 Bear Hill Road, Unit 205			Street Address 15 Kent Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Frederick Mutter, Jr.			Director Name Jeffrey Mutter		
Street Address 115 Crestwood Court			Street Address 15 Kent Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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 ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR
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 FREDERICK MUTTER, JR.					Date 1/14/2021
Signature of Authorized Representative <i>Frederick Mutter Jr</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020