À	RI SOS	Filing Numbe	er: 202193114	100 Date: 2	2/25/2021	4:00:00 I	ΡM			
State of Rhode Island Department of State - Business Services Division										
<b>Annua</b>	I Report for	r the vear:	0001							

Annual Report for the yea Corporation	r: <u>20.</u>	21		1	FFR 95	2021		
→ Filing period: January 1 - Ma	arch 1		FEB 25 2021					
→ Filing Fee: \$50.00			B 1176.0					
→ Penalty: Additional \$25.00 fed	e if form is not file	ed by April 1.			<u>l_l</u>	1-).		
1. Entity ID Number	2. Exact name of	the Corporation		(				
000012158	EDW	ARDS 1	GARAG	e INC				
Principal Office Address			City		State	Zip		
P.O. Sox 3.			Hope	VALLE-1	RI	02832		
4. NAICS Code	6. Brief descriptio	on of the character	of business co	nducted in Rhode Isla	nd			
	1_		7					
5. State of Incorporation	Hu	romotive	repair	2]				
KI								
7. List ALL officers (names and addi President Name) //	resses)		Iver projecti		e box to ind	licate an attachment		
hillin A.	EDWARD	` (	Vice-President Name					
Street Address 859 MAIN	^		Street Address					
City Ham Karra	State RL	02832	City		State	Zip		
Secretary Name	Treasurer Name							
Street Address		<u>.                                    </u>	Street Address					
City	State	Zip	City	•	State	Zip		
8. List ALL directors (names and ad-	dresses)	1		Check th	e hov to inc			
Director Name		Director Name						
Street Address 859 WAIN	ST ST		Street Address					
City Hope VALLEY		Zip 2822	City		State	Zip		
Director Name	1 0 2 1	Director Name						
Street Address		· · · ·	Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issue			e box to inc	dicate an attachment		
This information is currently of record Department of State.	NUMBER OF SH							
Channes and the second distance of distance		100		Commo	<b>~</b>	NPV		
Changes require an additional filing.			ŀ					
11. This report must be executed or	behalf of the cor	poration by an aut	horized represe	entative. If the corpora	tion is in th	e hands of a receiver or		
trustee, this report must be executed Under penalty of perjury, I declar	d on behalf of the	corporation by the	e receiver or tru	ustee.		hadista and		
statements, and that all statemen				icluding any accomp	anying sci	redules and		
Name of Authorized Representative	+			· ·	Date			
Phollip A	1105			2/22/21				
Signature of Authorized Representa	itive	2			•			
Signature of Authorized Representa	ת אגא	unds_	<del></del>					

MAIL TO:

Division of Business Services

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

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