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.

MAR 1 7 2021						
	State	Zip				
	RI	02920				
Rhode Isla						
Check the box to indicate an attachment						
	State	Zip				

1 Entity 10 Number	2. Exact nam	ne of the Corporation	on T					
	James A. Cla	irke. Inc						
3. Principal Office Address			City	Is	tate	Zip		
34 HoffmanAvenue			Cranston	F	श	02920		
4. NAICS Code	6. Brief desc	ription of the chara	cter of business condu	ucted in Rhode Island	d	•		
811111	Auto Repair	Auto Repair Service Repair						
5. State of Incorporation								
Rhode Island								
	d addragas)			Chack the	hay to ind	licate an attachment D		
7. List ALL officers (names and addresses) President Name James A. Clarke			Check the box to indicate an attachment  Vice-President Name					
			Street Address	Street Address				
Street Address 34 Hofffman Avenue								
<sup>City</sup> Cranston	State RI	Zip <sub>02920</sub>	City	S	late	Zip		
Secretary Name			Treasurer Name					
Street Address		Street Address	Street Address					
City	State	Zıp	City	s	state	Zip		
8. List ALL directors (names a	and addresses)	<u> </u>		Check the	hox to inc	dicate an attachment		
Director Name	ind addresses)	<del></del>	Director Name	Officer the	OOX TO THE	nodic un utacimient 🔝		
Street Address			Street Address	Street Address				
City	State	Zip	City	S	State	Zip		
Director Name			Director Name					
Street Address			Street Address	Street Address				
City	State	Zip	City	To	State	Zip		
City	State	Zip	City	٦	nate.	2.7		
9. Shares Authorized		10. Shares Is	ssued	Check the	box to inc	dicate an attachment		
This information is currently of	record in the	NUMBER	OF SHARES	CLASS/SERIES		PAR VALUE		
Department of State.		100			ļ	NO PAR VALUE		
Changes require an additional	filing.							
11. This report must be execu	ited on behalf of the	e corporation by an	authorized representa	ative. If the corporati	on is in th	e hands of a receiver or		
trustee, this report must be ex	kecuted on behalf o	f the corporation b	y the receiver or truste	e				
Under penalty of perjury, I o				iding any accompa	nying sci	hedules and		
statements, and that all sta Name of Authorized Represe	ina correct.		Date					
James Al Clarke					03/11/2021			
Signature of Authorized Rober	esentative		<u>-</u>	<u> </u>	-	<u> </u>		
Signature of Authorized Repr	Chi							

MAIL 70:

Division of Business Services

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

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