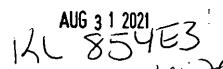
RI SOS Filing Number: 202100556630 Date: 8/31/2021 10:29:00 AM State of Rhode Island **Department of State - Business Services Division** Annual Report for the year: 2021 Corporation RECEIVED → Filing period. January 1 - March 1 R.I. DEPT. OF STATE BUS SVCS DIV → Filing Fee: \$50 00 → Penalty: Additional \$25.00 fee if form is not filed by April 1 71171 AUG 31 A 10: 05 1 Entity ID Number 2. Exact name of the Corporation 0063806 Robert O. Cerroni Auto Repair Service, Inc. 3. Principal Office Address City State Zφ 8 LARCH STREET SMITHFIELD RI 02917 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 41111 **AUTO REPAIR SERVICES** State of Incorporation 1 RHODE ISLAND 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name ROBERT O CERRONI Vice President Name ROBERT A CERRONI Street Address 2 FENWOOD AVE Street Address 19 SPRING STREET State RI City SMITHFIELD ⁷ⁱⁿ02917 State RI ^{Čity} GREENVILLE 02828 ^{وري} Secretary Name ROBERT A CERRONI Treasurer Name ROBERT () CFRRONI Street Address 19 SPRING STREET Street Address 2 FLNWOOD AVE City GREENVILLE State RI ^{Zip}02917 ^{7-p}02828 ^{City} SMITHFIELD 8. List Al I, directors (names and addresses) Check the box to indicate an attachment Director Name ROBERT O CERRONI Director Name Street Address 2 FENWOOD AVE Street Address State RI ^{Ζιρ}02917 City SMITHFIELD City State Zip. Director Name Director Name Street Address Street Address State City State Zıp 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS-SERIES Department of State. 1000 NO PAR VALUE Changes require an additional filing. 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 Date ROBERT O CERRONI, PRESIDENT 7/16/2021 Signature of Authorized Representative

MAIL TO:

Division of Business Services

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

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



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