State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019
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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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 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	Zip
8 LARCH STREET	SMITHFIELD	RI	02917
4. NAICS Code: 811111	6. Brief description of the character of business conducted in Rhode Island: AUTO REPAIR SERVICES		
5. State of Incorporation: 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		
City: SMITHFIELD	State: RI	Zip: 02917	City: GREENVILLE	State: RI	Zip: 02828
Secretary Name: ROBERT A CERRONI			Treasurer Name: ROBERT O CERRONI		
Street Address: 19 SPRING STREET			Street Address: 2 FENWOOD AVE		
City: GREENVILLE	State: RI	Zip: 02828	City: SMITHFIELD	State: RI	Zip: 02917

8. List ALL 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:		
City: SMITHFIELD	State: RI	Zip: 02917	City:	State:	Zip:
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
1000		NO PAR VALUE

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

FILED
AUG 31 2021
KL854E3
10:27

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