RI SOS Filing Number: 202100558850 Date: 8/31/2021 10:23:00 AM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2015

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee. \$50.00

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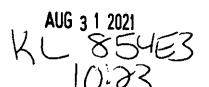
— Penany. Additional \$2: ————					121 HUU 3 [A 10: U5	
1. Entity ID Number		2. Exact name of the Corporation					
063806 Robert O. Cerroni Auto Repair Service, Inc.							
3. Principal Office Address			City		State	Zip	
8 LARCH STREET			SMITHFIELD		RI	02917	
4. NAICS Code	6. Brief desc	ription of the charac	cter of business cond	fucted in Rhode Is	sland	1.	
811111	AUTO REF	AUTO REPAIR SERVICES					
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names a	nd addresses)	 -		Check t	the box to indi	cate an attachment 🔲	
President Name ROBERT O	Vice President Name ROBERT A CERRONI						
Street Address 2 FENWOOD AVE			Street Address 19 SPRING STREET				
C ty SMITHFIELD	State RI	^{Zip} 02917	City GREENVIL	LE.	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	^{Z p} 02828	City SMITHFIELD		State RI	^{Zip} 02917	
8. List ALL directors (names	and addresses)			Check	the box to indi-	cate an attachment	
Director Name ROBERT O CERRONI			Director Name				
Street Address 2 FENWOOD AVE			Street Address				
City SMITHFIELD	State RI	^{Zip} 02917	City	•	State	7ip	
Director Name			Director Name				
Street Address							
Sirect Address			Street Address				
C ty	State	Zıp	City		State	Zip	
9. Shares Authorized							
This information is currently of record in the Department of State.			NUMBER OF SHARES			PAR VALUE	
·		1000			1	O PAR VALUE	
Changes require an additional	l filing.						
11. This report must be exec	uted on behalf of the	corporation by an	authorized represent	ative. If the corpor	ration is in the	hands of a receiver or	
trustee, this report must be e	executed on benalf o	the corporation by	the receiver or truste	ee.			
Under penalty of perjury, I statements, and that all sta				uding any accom	panying sch	edules and	
Name of Authorized Represe	ia correct.		Date				
ROBERT O CERRONI, P		7/16/2021					
Signature of Authorized Rep	reseptilive		.				
·	/////						
			F	#FD			

MAIL TO.

Division of Business Services

*48 W. River Street: Providence, Rhode Island 02904-2615

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



FORM 630 - Revised: 08/2020