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

→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

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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	Street Address	City	State	Zip
ROBERT O CERRONI	2 FENWOOD AVE	SMITHFIELD	RI	02917

Vice President Name	Street Address	City	State	Zip
ROBERT A CERRONI	19 SPRING STREET	GREENVILLE	RI	02828

Secretary Name	Street Address	City	State	Zip
ROBERT A CERRONI	19 SPRING STREET	GREENVILLE	RI	02828

Treasurer Name	Street Address	City	State	Zip
ROBERT O CERRONI	2 FENWOOD AVE	SMITHFIELD	RI	02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
ROBERT O CERRONI	2 FENWOOD AVE	SMITHFIELD	RI	02917

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

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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