RI SOS Filing Number: 202100559370 Date: 8/31/2021 10:18:00 AM

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 1. Entity ID Number					חרי	CENTED		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filled by April 1. 2021 AUG 31 A 10: 05 1. Entity ID Number O063806 Robert O. Cerroni Auto Repair Service, Inc. 3. Principal Office Address Robert O. Cerroni Auto Repair Service, Inc. 3. Principal Office Address 8 LARCH STREET City SMITHFIELD RI 02917 4. NAICS Code SI Late of Incorporation AUTO REPAIR SERVICES 5. State of Incorporation RHODE ISLAND 7. List ALL diffeers (names and addresses) City SMITHFIELD State RI 21p 02917 City SMITHFIELD State RI 22p 02917 City GREENVILLE State RI 22p 02917 City GREENVILLE State RI 22p 02917 City GREENVILLE State RI 22p 02917 Street Address 2 FENWOOD AVE City GREENVILLE State RI 22p 02828 City SMITHFIELD State RI 22p 02917 Street Address 2 FENWOOD AVE City GREENVILLE State RI 22p 02917 Street Address 2 FENWOOD AVE City GREENVILLE State RI 22p 02917 Street Address 2 FENWOOD AVE City GREENVILLE State RI 22p 02917 Street Address 2 FENWOOD AVE City GREENVILLE State RI 22p 02917 Street Address 2 FENWOOD AVE City SMITHFIELD State RI 22p 02917 City SMITHFIELD State RI 22p 02917 City SMITHFIELD State Zip Director Name City SMITHFIELD State Zip Director Name Street Address Authorized Street Address Authorized Street Address Authorized Street Address Authorized	Corporation			RECEIVED — R.I. DEPT. OF STATE BUS SYCS DIV				
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This information is currently of record in the Department of State. NO PAR VALUE NO PAR VALUE	9. Shares Authorized					ox to indica		

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

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

Signature of Authorized Representative

ROBERT O CERRONI, PRESIDENT

Name of Authorized Representative

FILED

MAIL TO:

Division of Business Services

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

trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 3 1 2021 LL 85483

Date

7/16/2021

FORM 630 - Revised: 08/2020