



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2009**

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 0063806		2. Exact name of the Corporation Robert O. Cerroni Auto Repair Service, Inc.			
3. Principal Office Address 8 LARCH STREET			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 81111		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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 ROBERT O CERRONI, PRESIDENT					Date 7/16/2021
Signature of Authorized Representative 					

FILED

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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FORM 630 - Revised 08/2020