RI SOS Filing Number: 202100559640 Date: 8/31/2021 10:16:00 AM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2008

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
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	6. Brief description of the character of business conducted in Rhode Island
811111	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

IKL 85463
10:16

FORM 630 - Revised: 09/2020