



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2002**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if forms not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 AUG 31 A 10:06

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 53 KILEY STREET			Street Address 19 SPRING STREET		
City NORTH PROVIDENCE	State RI	Zip 02911	City GREENVILLE	State RI	Zip 02828
Secretary Name ROBERT A CERRONI			Treasurer Name ROBERT O CERRONI		
Street Address 19 SPRING STREET			Street Address 53 KILEY STREET		
City GREENVILLE	State RI	Zip 02828	City NORTH PROVIDENCE	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name ROBERT O CERRONI			Director Name		
Street Address 53 KILEY STREET			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02911	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		
			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 ROBERT O CERRONI, PRESIDENT					Date 7/16/2021
Signature of Authorized Representative 					

FILED

AUG 31 2021

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos ri.gov

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