| 1023 | | ness Services D | | | | |
|--|----------------------|--------------------------|-----------------------|--|------------------|-------------------------|
| Annual Report for t | he year: | 2021 | | | | |
| Corporation | | | - | | | |
| → Filing period: Janua → Filing Fee: \$50.00 | ry 1 - March 1 | | | | | |
| → Penalty: Additional \$ | 25.00 fee if form is | not filed by April 1. | | | | |
| 1. Entity ID Number | | me of the Corporation | | | | |
| 0017-1127 | 1.1 | | | | | |
| 3. Principal Office Address |) A94 | O Haven | City | | Ctoto | [7: _~ |
| | (100 | 1 | | <u>L</u> | State | 02862 |
| 135 Japoni | | | Pawatu | | | 02862 |
| 4. NAICS CODE | .b. Brief des | cription of the characte | er of business cor | nducted in Khode | Island | |
| 811110 | Come | lete Auto | Care Ces | nter. | | |
| 5. State of Incorporation | 1. Co.n | (0) 0 11 01 0 | | V - | | |
| Rhode Island | | <u></u> | | | _ | |
| 7. List ALL officers (names President Name | Vice-President N | | the box to indi | cate an attachment | | |
| Osama IRZIOAT | | | Vica-Fresident vidine | | | |
| Street Address S& East Street | | | Street Address | | | |
| Pour atacket | State | 02860 | City | | State | Zip |
| Secretary Name | | | Treasurer Name | "" | 1 | <u> </u> |
| Street Address | | | Short Address | | | |
| Officer Address | | | Street Address | | | |
| City | State | Zip | City | | State | Zip |
| 8. List ALL directors (name | s and addresses) | | | Check | the box to indi | l cate an attachment |
| Director Name | | | Director Name | Onco | t the box to man | cate an attachment |
| Street Address | | | | | | |
| 29 ear vonezz | | | Street Address | | | |
| City | State | Zip | City | | State | Zip |
| Director Name | | | Director Name | | | <u></u> |
| Street Address | | | Director Name | | | |
| Suect Address | | | Street Address | | | |
| City | State | Zip | City | <u>, </u> | State | NZip CO TO |
| 9. Shares Authorized 10. Sh | | 10. Shares Issu | led | Check | the box to indic | cate an attachment |
| This information is currently of record in the Department of State. | | NUMBER OF | SHARES | CLASS/SERIES PARIMALUE | | |
| - | | 1000 | ' | | | 5 CA |
| Changes require an addition | al filing. | | | • | | 0 m |

IRZIQA Signature of Authorized Representative

Name of Authorized Representative

即其它生

MAIL TO:

Division of Business Services

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

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

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