State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

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

R.I. DEPT. OF STATE
CORP. SVCS. DIV.
2021 NOV 29 PM 2:54

1. Entity ID Number	2. Exact name of the Corporation			
120911	Rhode Island Auto Recycling, Inc.			
3. Principal Office Address		City	State	Zip
1134 S. Main Street		Pascoag	RI	02859
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
441310 441120	Auto Sales / Repairs / USED Auto Parts			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Lawrence Therien			L. Therien		
Street Address			Street Address		
1130 S. Main Street			1130 S. Main Street		
City / State / Zip			City / State / Zip		
Pascoag	RI	02859	Pascoag	RI	02859
Secretary Name			Treasurer Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City / State / Zip			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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	50	Common	No Par
Changes require an additional filing.			

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
Kaitlin Therien, Executor	11/29/2021

Signature of Authorized Representative

K. Therien

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

FILED 2:55
NOV 29 2021
BY QTREX

FORM 630 - Revised: 08/2020