



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021 AMENDED 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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 RI DEPT OF STATE
 BUS SVCS DIV
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1. Entity ID Number 000760942		2. Exact name of the Corporation CJ's Tire & Auto Service, Inc.			
3. Principal Office Address 112 CONNELL HIGHWAY			City NEWPORT	State RI	Zip 02840
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island AUTO REPAIR Title: 7-1.2-1701			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CARL C. RUSSELL			Vice-President Name CARL C. RUSSELL		
Street Address 51 DUDLEY AVENUE			Street Address 51 DUDLEY AVENUE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name CARL C. RUSSELL			Treasurer Name RICHARD E. EDWARDS		
Street Address 51 DUDLEY AVENUE			Street Address 41 DANA STREET		
City NEWPORT	State RI	Zip 02840	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CARL C. RUSSELL			Director Name		
Street Address 51 DUDLEY AVENUE			Street Address		
City NEWPORT	State RI	Zip 02840	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	COMMON	01
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 CARL C. RUSSELL				Date 12/6/2021	
Signature of Authorized Representative 					

FILED ^m

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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State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

December 13, 2021 02:53 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

