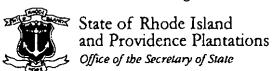
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FEB 24 2022

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

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2022

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1	501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is
subject to a penalty fee of \$25.00.	
1. Corporate ID No.	2 Name of Corporation

1. Corporate ID No. 101433	2 Name of Corporation WASHINGTON COUNTY AUTO, INC					
3. Street Address Principal Business Office 9 NOOSENECK HILL ROAD			WYOMING	State RI	^{Zip} 02898	
4 Business Phone No 401-539-1122 5. State of Incorporation RHODE ISLAND						
6 Brief Description of the Character of FOR AUTOMOTIVE REPAIL		Rbode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name JOHN B MAGGS			Vice President Name KRIS M MAGGS			
Street Address 7 WOLF COURT			Street Address 7 WOLF COURT			
WYOMING	State RI	^{Ζφ} 02898	City WYOMING	State RI	Ζφ 02898	
Secretary Name JOHN B MAGGS			Treasurer Name KRIS M MAGGS			
Street Address 7 WOLF COURT			Sircei Address 7 WOLF COURT			
City WYOMING	State RI	^{Zφ} 02898	WYOMING	State RI	<i>Σψ</i> 02898	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name JOHN B MAGGS			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name KRIS M MAGGS Street Address			
7 WOLF COURT			7 WOLF COURT			
City WYOMING Director Name	RI	02898	City WYOMING Director Name	State RI	2 ^(p) 02898	
Street Address			Street Address			
Сиу	State	Zц	City	State	Zφ	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is automatic	of record in the Offi	on of the Secretary of	Number of Shares	Class/Series	Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			200	COMMON	1.00	
This report must be executed this report must be executed of	on behalf of the corp	poration by an authorize oration by the receiver	or trustee. Under penalty of pe	erjury, I declare and affirm t	hat I have examined this repor	
File Date			contained herein ar		tements, and that all statement	
Cherk No			Signature JOHN B. MA	GGS	Date	
B ₁			Print or Type Name PRESIDENT			
FOR SECRETARY OF STA	TE USE ONLY	_	Title		Form 630 Rev. 08/08	