



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

FEB 24 2022

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2022

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. 7-1.2-1501(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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 101433		2. Name of Corporation WASHINGTON COUNTY AUTO, INC			
3. Street Address Principal Business Office 9 NOOSENECK HILL ROAD			City 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 Business Conducted in Rhode Island FOR AUTOMOTIVE REPAIRS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN B MAGGS			Vice President Name KRIS M MAGGS		
Street Address 7 WOLF COURT			Street Address 7 WOLF COURT		
City WYOMING	State RI	Zip 02898	City WYOMING	State RI	Zip 02898
Secretary Name JOHN B MAGGS			Treasurer Name KRIS M MAGGS		
Street Address 7 WOLF COURT			Street Address 7 WOLF COURT		
City WYOMING	State RI	Zip 02898	City WYOMING	State RI	Zip 02898
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN B MAGGS			Director Name KRIS M MAGGS		
Street Address 7 WOLF COURT			Street Address 7 WOLF COURT		
City WYOMING	State RI	Zip 02898	City WYOMING	State RI	Zip 02898
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series COMMON	Par Value 1.00

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.

File Date _____
Check No _____
By _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature _____ Date 2/20/2022
JOHN B. MAGGS
Print or Type Name
PRESIDENT
Title