



State of Rhode Island
 Department of State - Business Services Division
Annual Report for the year: 2022
Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

APR 22 2022
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BY 4353

- > Filing period: February 1 - May 1
- > Filing Fee: \$50.00
- > Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000891190		2. Exact name of the Corporation Leffingwell's Garage, Inc.					
3. Principal Office Address 350 Metacom Avenue			City Bristol	State RI	Zip 02809		
4. NAICS Code 811110		6. Brief description of the character of business conducted in Rhode Island Auto Repairs					
5. State of Incorporation RI							
7. List ALL officers (names and addresses)					Check the box to indicate an attachment		
President Name Roy Leffingwell			Vice-President Name Eric Leffingwell				
Street Address 4 Massasoit Ave			Street Address 27 Englewood Ct				
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02885		
Secretary Name Eric Leffingwell			Treasurer Name Roy Leffingwell				
Street Address 27 Englewood Ct			Street Address 4 Massasoit Ave				
City Warren	State RI	Zip 02885	City Bristol	State RI	Zip 02809		
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					
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment					
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		100	Common	100			
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 Roy Leffingwell				Date 3/11/22			
Signature of Authorized Representative <i>Roy Leffingwell</i>							