



Office of the Secretary of State

148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2023**

Filing Period: ~~January 1 - March 1~~ <sup>Feb. 1 - May 1</sup> • 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. 121218		2. Name of Corporation FEARNS ENTERPRISES, INC.			
3. Street Address Principal Business Office 6600 Post Road		City North Kingstown		State RI	Zip 02852
4. Business Phone No. 401-884-5709		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island AUTO REPAIR					
7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael S. Fearn, Sr.			Vice President Name Michael S. Fearn, Jr.		
Street Address 6600 Post Road		Street Address 6600 Post Road			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Michael S. Fearn, Jr.			Treasurer Name Michael S. Fearn, Sr.		
Street Address 6600 Post Road		Street Address 6600 Post Road			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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 (X) BOX FOR ATTACHMENT ( ) 10. SHARES ISSUED (X) BOX FOR ATTACHMENT ( )					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	common	no par value	-0-	common	no par value
THIS SECTION MUST BE COMPLETED					

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, his report must be executed on behalf of the corporation by the receiver or trustee.



\*121218\*

FEB 09 2023

24552

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.

*Michael S. Fearn, Sr.* President 2/3/2023  
Signature Date

Michael S. Fearn, Sr.

Print or Type Name  
President

Title

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY