



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FEB 14 2023
12142 *or*

- 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 000090190		2. Exact name of the Corporation TRUDEAU'S AUTO REPAIR, INC				
3. Principal Office Address 654 CASS AVE.			City WOONSOCKET	State RI	Zip 02895	
4. NAICS Code 81112		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE REPAIR AND INSPECTION				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name ROERT E TRUDEAU			Vice-President Name ROBIN TRUDEAU SILVIA			
Street Address 99 ALLEN STREET UNIT 217			Street Address P O BOX 162			
City WOONSOCKET	State RI	Zip 02895	City HEBER	State AZ	Zip 85928	
Secretary Name ROBERT E TRUDEAU			Treasurer Name ROBIN TRUDEAU SILVIA			
Street Address 99 ALLEN STREET UNIT 217			Street Address P O BOX 162			
City WOONSOCKET	State RI	Zip 02895	City HEBER	State AZ	Zip 85928	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name NONE			Director Name NONE			
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				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	
		100		NONE	NONE	
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 ROBIN T SILVIA				Date 2/8/2023		
Signature of Authorized Representative <i>Robin T. Silvia</i>						

MAIL TO:
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 Website: www.sos.ri.gov