



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 21 2023

BY

| 1. Entity ID Number 13313 | | 2. Exact name of the Corporation MUTTER MOTORS, INC. | | | | | | | | | | | | |
|---|--------------------|--|---|--------------------------|---------------------|------------------|--------------|-----------|------------|---------------|---------------|--|--|--|
| 3. Principal Office Address 505 Broad Street | | | City Cumberland | State RI | Zip 02864 | | | | | | | | | |
| 4. NAICS Code 441120 | | 6. Brief description of the character of business conducted in Rhode Island PURCHASING AND SELLING USED CARS | | | | | | | | | | | | |
| 5. State of Incorporation Rhode Island | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name Frederick Mutter, Jr. | | | Vice-President Name Jeffrey Mutter | | | | | | | | | | | |
| Street Address 115 Crestwood Court | | | Street Address 15 Kent Street | | | | | | | | | | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 | | | | | | | | | |
| Secretary Name Rudolph Mutter | | | Treasurer Name Jeffrey Mutter | | | | | | | | | | | |
| Street Address 80 Bear Hill Road, Unit 205 | | | Street Address 15 Kent Stret | | | | | | | | | | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name Frederick Mutter, Jr. | | | Director Name Jeffrey Mutter | | | | | | | | | | | |
| Street Address 115 Crestwood Court | | | Street Address 15 Kent Street | | | | | | | | | | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 | | | | | | | | | |
| 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. | | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | COMMON | NO PAR | | | |
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| 100 | COMMON | NO PAR | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 FREDERICK MUTTER, JR. | | | | Date 1/20/2023 | | | | | | | | | | |
| Signature of Authorized Representative <i>Frederick Mutter Jr</i> | | | | | | | | | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov