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
APR 26 2023
BY 26471 ps

1. Entity ID Number	2. Exact name of the Corporation
000061850	ROUTE 5 AUTO REPAIR INC

3. Principal Office Address	City	State	Zip
42 SANDERSON ROAD	SMITHFIELD	RI	02917

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811111	AUTO REPAIR AND AUTO SALES.
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
KENNETH BEAUMIER	KENNETH BEAUMIER
Street Address: 38 SANDERSON ROAD	Street Address: 38 SANDERSON ROAD
City: SMITHFIELD, State: RI, Zip: 02917	City: SMITHFIELD, State: RI, Zip: 02917
Secretary Name: CAROL BEAUMIER	Treasurer Name: KENNETH BEAUMIER
Street Address: 38 SANDERSON ROAD	Street Address: 38 SANDERSON ROAD
City: SMITHFIELD, State: RI, Zip: 02917	City: SMITHFIELD, State: RI, Zip: 02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
KENNETH BEAUMIER	04/20/2023

Signature of Authorized Representative

X Kenneth Beaumier Pres

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023