

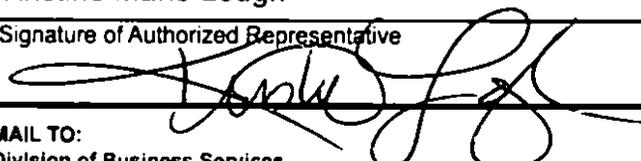


State of Rhode Island
Department of State - Business Services Division

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
FILED
APR 26 2023
APR 26 2023
BY 45228
KJ

| | | | | | |
|--|--------------------|---|-------------------------|--------------------------|---------------------|
| 1. Entity ID Number 000954588 | | 2. Exact name of the Corporation EVERGREEN AUTO RECOVERY, INC. | | | |
| 3. Principal Office Address 132 B Shun Pike | | City Johnston | | State RI | Zip 02919 |
| 4. NAICS Code 562920 | | 6. Brief description of the character of business conducted in Rhode Island Asset recovery company | | | |
| 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 Kristine Marie Lough | | Vice-President Name Kristine Marie Lough | | | |
| Street Address 132 B Shun Pike | | Street Address 132 B Shun Pike | | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| Secretary Name Kristine Marie Lough | | Treasurer Name Kristine Marie Lough | | | |
| Street Address 132 B Shun Pike | | Street Address 132 B Shun Pike | | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Kristine Marie Lough | | Director Name | | | |
| Street Address 132 B Shun Pike | | Street Address | | | |
| City Johnston | State RI | Zip 02919 | 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 | |
| | | 1,000 | STK | \$0.0100 | |
| 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 Kristine Marie Lough | | | | Date 4-17-2023 | |
| Signature of Authorized Representative  | | | | | |

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