RI SOS Filing	2335105210	Date: 5/1/	Date: 5/1/2023 4:00:00 PM					
State of Rhode Island								
Department of Sta	ate - Busines	s Services D	ivision					
Annual Report for the year: 2023				FILED Common of the common of				
Corporation ====================================								
→ Filing period: February 1 - May 1			MAY 0 1 2023					
→ Filing Fee: \$50.00		-, 999 X						
-	→ Penalty: Additional \$25.00 fee if form is not filed by May 31.				BY			
1. Entity ID Number	2. Exact name of the Corporation							
57775	Central Auto	Radiator, In	IC.					
3. Principal Office Address			City		State	Zip		
188 Pine Street			Pawtucke	t	RI	02860		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
811114	Automotive radiator repair shops							
5. State of Incorporation	7							
Rhode Island								
7. List ALL officers (names and ad	dresses)	<u> </u>			he box to ir	ndicate an attachment 🔲		
President Name Bradford Holmes			Vice-President Name					
Street Address			Street Address	Street Address				
188 Pine Street								
^{City} Pawtucket	State RI	^{Zip} 02860	City		State	Zıp		
Secretary Name Susan T. Holmes			Treasurer Name Bradford Holmes					
Street Address 188 Pine Street			Street Address 188 Pine Street					
^{City} Pawtucket	State RI	^{Zip} 02860	City Pawtucket		State RI	^{Zip} 02860		
8. List ALL directors (names and a	addresses)			Check t	he box to i	ndicate an attachment 🔲		
Director Name None			Director Name None					
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
Durantes Nome	<u> </u>		Director Nama		<u> </u>			
Director Name			Director Name	Director Name				
Street Address	Street Address							
City	State	Zip	City		State	Zıp		
9. Shares Authorized		10. Shares Iss	uod.	Chack	the box to i	ndicate an attachment 🗍		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF	SHARES	Check the box to indicate an attachment CLASS/SERIES PAR VALUE				
		2,000		Common N		No Par		
					<u> </u>			
11. This report must be executed	on behalf of the co	progration by an a	 authorized repres	entative. If the corpo	ration is in	the hands of a receiver or		
trustee, this report must be execu						5 d t d		
Under penalty of perjury, I declar statements, and that all stateme				ncluding any accom	ipanying s	cneaules and		
Name of Authorized Representative					Date			
Bradford Holmes		04 / 27 / 2023						
Signature of Authorized Represer	/							
70 77	<u> </u>							

MAIL TO: Division of Susiness Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov