



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.

STAMP
MAY 08 2023
40878 @

1. Entity ID Number 000129466		2. Exact name of the Corporation D.C. AUTOMOTIVE, INC.			
3. Principal Office Address 101 COMSTOCK PARKWAY, UNIT 19		City CRANSTON		State RI	Zip 02921
4. NAICS Code 911110		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE AUTOMOBILE REPAIR SERVICES TO THE PUBLIC			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DARREN D. COUSINS			Vice-President Name N/A		
Street Address 101 COMSTOCK PARKWAY, UNIT 19			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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	NPV
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 DARREN D. COUSINS				Date 04/30/23	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov