



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FILED

JAN 26 2024

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000071659</u>	2. Exact name of the Corporation <u>JENNINGS CAR CARE CENTER, INC.</u>		
3. Principal Office Address <u>679 QUAKER LANE</u>		City <u>WEST WARWICK</u>	State <u>RI</u>
		Zip <u>02893</u>	
4. NAICS Code <u>811198</u>	6. Brief description of the character of business conducted in Rhode Island <u>AUTOMOTIVE SERVICE & REPAIR</u>		
5. State of Incorporation <u>RI</u>			

7. List ALL officers (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>DEAN JENNINGS</u>				Vice-President Name <u>DAVID J. JENNINGS</u>							
Street Address <u>7 KEEL AVE.</u>				Street Address <u>402 CHIMNEY ROCK RD.</u>							
City <u>JAMESTOWN</u>		State <u>RI</u>		Zip <u>02835</u>		City <u>NO. KINGSTOWN</u>		State <u>RI</u>		Zip <u>02852</u>	
Secretary Name <u>N/A</u>						Treasurer Name <u>N/A</u>					
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 <u>N/A</u>				Director Name <u>N/A</u>							
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 <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		
			<u>600</u>	<u>CNP</u>		<u>0.00</u>		

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 <u>DEAN J. JENNINGS</u>		Date <u>01-23-2024</u>
Signature of Authorized Representative 		

MAIL TO:
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Website: www.sos.ri.gov