



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FILED

JAN 26 2024

[Handwritten signature]

- 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 000071659		2. Exact name of the Corporation JENNINGS CAR CARE CENTER, INC.			
3. Principal Office Address 679 QUAKER LANE		City WEST WARWICK		State RI	Zip 02893
4. NAICS Code 811198		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE SERVICE & REPAIR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DEAN JENNINGS			Vice-President Name DAVID J. JENNINGS		
Street Address 7 KEEL AVE.			Street Address 402 CHIMNEY ROCK RD.		
City JAMESTOWN	State RI	Zip 02835	City NO. KINGSTOWN	State RI	Zip 02852
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			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
			600	CNP	0.00
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 DEAN J. JENNINGS				Date 01-23-2024	
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

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