



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

FEB 14 2024

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1. Entity ID Number 000003260		2. Exact name of the Corporation C.L. ENTERPRISES, INC.			
3. Principal Office Address 171 Old Tower Hill Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island Automotive Repairs and services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name R. Harold Thomas Jr.			Vice-President Name		
Street Address 11 Wishing Well Circle			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name R. Harold Thomas Jr.			Treasurer Name R. Harold Thomas Jr.		
Street Address 11 Wishing Well Circle			Street Address 11 Wishing Well Circle		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name R. Harold Thomas Jr.			Director Name		
Street Address 11 Wishing Well Circle			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value
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 R. Harold Thomas Jr., President					Date 2/18/2024
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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