



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.

FILED

FEB 14 2024

BY

12383

1. Entity ID Number 000090190		2. Exact name of the Corporation TRUDEAU'S AUTO REPAIR, INC.			
3. Principal Office Address 654 CASS AVE.			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 8111		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE REPAIR AND INSPECTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ROBERT E TRUDEAU			Vice-President Name ROBIN T SILVIA		
Street Address 99 ALLEN STREET UNIT 217			Street Address P O BOX 162		
City WOONSOCKET	State RI	Zip 02895	City HEBER	State AZ	Zip 85928
Secretary Name ROBERT E TRUDEAU			Treasurer Name ROBIN T SILVIA		
Street Address 99 ALLEN STREET UNIT 217			Street Address P O BOX 162		
City WOONSOCKET	State RI	Zip 02895	City HEBER	State AZ	Zip 85928
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 100	CLASS/SERIES NONE	PAR VALUE NONE
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. <b>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.</b>					
Name of Authorized Representative ROBIN T SILVIA				Date 2/02/2024	
Signature of Authorized Representative <i>Robin T. Silvia</i>					

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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Website: www.sos.ri.gov