



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

4309 *W*

1. Entity ID Number 1678121	2. Exact name of the Corporation Sully's Auto Care, Inc.
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3. Principal Office Address 3096 Post Road	City Warwick	State RI	Zip 02886
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4. NAICS Code 811111	6. Brief description of the character of business conducted in Rhode Island Automotive repair and any and all other lawful business
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5. State of Incorporation Rhode Island	
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Steven Sullivan			Vice-President Name Lori St. Martin		
Street Address 3096 Post Road			Street Address 3096 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Lori St. Martin			Treasurer Name Steven Sullivan		
Street Address 3096 Post Road			Street Address 3096 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886

8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name			Director Name		
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

This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	200	common	no par

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 Steven Sullivan, President	Date 2-5-24
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Signature of Authorized Representative <i>[Signature]</i> President
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MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov