



**State of Rhode Island
Department of State - Business Services Division**

FILED

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.

MAR 21 2024
BY *24816*

1. Entity ID Number 152821		2. Exact name of the Corporation EXETER AUTO REPAIR, INC.			
3. Principal Office Address 565 Nooseneck Hill Road			City Exeter	State RI	Zip 02822
4. NAICS Code 811120		6. Brief description of the character of business conducted in Rhode Island Auto repair-all other lawful purposes.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Andrew Slater			Vice-President Name Denise Slater		
Street Address 565 Nooseneck Hill Road			Street Address 565 Nooseneck Hill Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Denise Slater			Treasurer Name Andrew Slater		
Street Address 565 Nooseneck Hill Road			Street Address 565 Nooseneck Hill Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name n/a			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 <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
			1000	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 Andrew Slater., President				Date 3/14/24	
Signature of Authorized Representative 					