



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.

APR 05 2024
50541 *DL*

1. Entity ID Number 000954588		2. Exact name of the Corporation EVERGREEN AUTO RECOVERY, INC.			
3. Principal Office Address 132 B Shun Pike			City Johnston	State RI	Zip 02919
4. NAICS Code 562920		6. Brief description of the character of business conducted in Rhode Island Asset recovery company			
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 Kristine Marie Lough			Vice-President Name Kristine Marie Lough		
Street Address 132 B Shun Pike			Street Address 132 B Shun Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Kristine Marie Lough			Treasurer Name Kristine Marie Lough		
Street Address 132 B Shun Pike			Street Address 132 B Shun Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kristine Marie Lough			Director Name		
Street Address 132 B Shun Pike			Street Address		
City Johnston	State RI	Zip 02919	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
			1,000	STK	\$0.0100
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 Kristine Marie Lough					Date 3/20/2024
Signature of Authorized Representative <i>Kristine Lough</i>					

MAIL TO:
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