



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.

REC'D RIDOS BSD
24 APR 17 PM 2:23:15

STAMP

1. Entity ID Number 000891190		2. Exact name of the Corporation Leffingwell's Garage, Inc.			
3. Principal Office Address 350 Metacom Avenue			City Bristol	State RI	Zip 02809
3. NAICS Code 811110		4. Brief description of the character of business conducted in Rhode Island Auto Repairs			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Roy Leffingwell			Vice-President Name Eric Leffingwell		
Street Address 4 Massasoit Ave			Street Address 27 Englewood Ct		
City Bristol	State RI	Zip 02809	City Warren	State RI	Zip 02885
Secretary Name Eric Leffingwell			Treasurer Name Roy Leffingwell		
Street Address 27 Englewood Ct			Street Address 4 Massasoit Ave		
City Warren	State RI	Zip 02885	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100	Common	PAR VALUE
					1.00
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 Roy Leffingwell				FILED	Date 3/6/2024
Signature of Authorized Representative 				APR 17 2024 BY	