RI SOS Filing Number: 202454564020 Date: 5/8/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAY 0 8 2024
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
41348	SMITTY'S AUTO SERVICE, INC.

3. Principal Office Address	City	State	Zip
68 GERVAIS STREET	COVENTRY	RI	02816

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811111	TO ENGAGE IN THE BUSINESS OF VEHICE REPAIR AND TO SELL AT RETAIL AND WHOLESALE AUTOMOTIVE EQUIPMENT
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: DANIEL J. SMITH			Vice-President Name: DANIEL J. SMITH		
Street Address: 68 GERVAIS STREET			Street Address: 68 GERVAIS STREET		
City: COVENTRY	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816
Secretary Name: DANIEL J. SMITH			Treasurer Name: DANIEL J. SMITH		
Street Address: 68 GERVAIS STREET			Street Address: 68 GERVAIS STREET		
City: COVENTRY	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816

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

Director Name: DANIEL J. SMITH			Director Name:		
Street Address: 68 GERVAIS STREET			Street Address:		
City: COVENTRY	State: RI	Zip: 02816	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
	301	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	Date
DANIELJ.SMITH	2-9-24

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023