



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2018

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: RIPS BSO  
24 JUL 16 AM 9:07:15

1. Entity ID Number <b>000508444</b>		2. Exact name of the Corporation <b>HARTFORD AUTO TUNE INC</b>	
3. Principal Office Address <b>1761 PLAINFIELD PIKE</b>		City <b>JOHNSTON</b>	State <b>RI</b>
4. NAICS Code <b>811111</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL AUTOMOTIVE REPAIRS</b>	
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>WILLIAM G HICKEY JR</b>		Vice-President Name <b>WILLIAM G HICKEY JR</b>	
Street Address <b>1761 PLAINFIELD PIKE</b>		Street Address <b>1761 PLAINFIELD PIKE</b>	
City <b>JOHNSTON</b>	State <b>RI</b>	City <b>JOHNSTON</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
Secretary Name <b>WILLIAM G HICKEY JR</b>		Treasurer Name <b>WILLIAM G HICKEY JR</b>	
Street Address <b>1761 PLAINFIELD PIKE</b>		Street Address <b>1761 PLAINFIELD PIKE</b>	
City <b>JOHNSTON</b>	State <b>RI</b>	City <b>JOHNSTON</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		<b>0</b>	<b>0.01</b>
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. <i>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.</i>			
Name of Authorized Representative <b>SANDRA PATTERSON, BKPR</b>		Date <b>7-16-24</b>	
Signature of Authorized Representative <i>S. Patterson</i>		FILED JUL 16 2024 BY <b>BSH1</b> <b>915</b> <b>FS</b>	

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

RI DOS MADE EDITS PER FILER