

REC'D RI DOS BSS
 24 JUL 16 AM 9:07:29



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

Annual Report for the year: **2016**

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 000508444		2. Exact name of the Corporation HARTFORD AUTO TUNE INC			
3. Principal Office Address 1761 PLAINFIELD PIKE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island GENERAL AUTOMOTIVE 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 WILLIAM G HICKEY JR			Vice-President Name WILLIAM G HICKEY JR		
Street Address 1761 PLAINFIELD PIKE			Street Address 1761 PLAINFIELD PIKE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name WILLIAM G HICKEY JR			Treasurer Name WILLIAM G HICKEY JR		
Street Address 1761 PLAINFIELD PIKE			Street Address 1761 PLAINFIELD 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			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0		0.01
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 SANDRA PATTERSON, BKPR				Date 7-16-24	
Signature of Authorized Representative <i>S. Patterson</i>					

FILED
 JUL 16 2024
 BY **BBH#1**
913 **K8**

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

RI DOS MADE EDITS PER FILER