



State of Rhode Island
Department of State - Business Services Division

RECD RH05 B53
24 JUL 16 AM 9:07:29

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 | | FILED |
| Signature of Authorized Representative <i>S. Patterson</i> | | | | 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

FORM 630- Revised: 12/2023

RI DOS MADE EDITS PER FILER