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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2014

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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td>6.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0		6.01			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
0		6.01												
Changes require an additional filing.														
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			FILED		Date 7-16-24									
Signature of Authorized Representative <i>S. Patterson</i>			BY <i>BBH</i>											

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