



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.

REC'D RIDOS BSD  
APR 15 AM 9:07:37

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>	Zip <b>02919</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>	Zip <b>02919</b>		City <b>JOHNSTON</b>		State <b>RI</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>	Zip <b>02919</b>		City <b>JOHNSTON</b>		State <b>RI</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	Zip		City		State	Zip
Director Name				Director Name				
Street Address				Street Address				
City		State	Zip		City		State	Zip
9. Shares Authorized				10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
This information is currently of record in the Department of State.  Changes require an additional filing.				NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
				<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. <b>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.</b>								
Name of Authorized Representative <b>SANDRA PATTERSON, BKPR</b>				<b>FILED</b>		Date <b>7-16-24</b>		
Signature of Authorized Representative <i>S. Patterson</i>				JUL 16 2024 BY <i>BBH</i> 911 <i>KS</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**