



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

RI DOS MADE EDITS PER FILED

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------|------------------------------------------------------------------|
| 1. Entity ID Number<br>000567143                                                                                                                                                                                                                  |               | 2. Exact name of the Corporation<br>Automotive Services & Technology Inc                                                 |                     |                                                                  |                                                                  |
| 3. Principal Office Address<br>51 Circle St                                                                                                                                                                                                       |               |                                                                                                                          | City<br>Woonsocket  | State<br>RI                                                      | Zip<br>02895                                                     |
| 4. NAICS Code<br>541990                                                                                                                                                                                                                           |               | 6. Brief description of the character of business conducted in Rhode Island<br>Automotive diagnostic and repair services |                     |                                                                  |                                                                  |
| 5. State of Incorporation<br>RI                                                                                                                                                                                                                   |               |                                                                                                                          |                     |                                                                  |                                                                  |
| 7. List ALL officers (names and addresses)                                                                                                                                                                                                        |               |                                                                                                                          |                     |                                                                  | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br>Gary Puget                                                                                                                                                                                                                      |               |                                                                                                                          | Vice-President Name |                                                                  |                                                                  |
| Street Address<br>51 Circle St.                                                                                                                                                                                                                   |               |                                                                                                                          | Street Address      |                                                                  |                                                                  |
| City<br>Woon.                                                                                                                                                                                                                                     | State<br>R.I. | Zip<br>02895                                                                                                             | City                | State                                                            | Zip                                                              |
| Secretary Name                                                                                                                                                                                                                                    |               |                                                                                                                          | Treasurer Name      |                                                                  |                                                                  |
| Street Address                                                                                                                                                                                                                                    |               |                                                                                                                          | Street Address      |                                                                  |                                                                  |
| City                                                                                                                                                                                                                                              | State         | Zip                                                                                                                      | City                | State                                                            | Zip                                                              |
| 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.                                                                                                                                                                               |               | NUMBER OF SHARES                                                                                                         |                     | CLASS/SERIES                                                     | PAR VALUE                                                        |
| Changes require an additional filing.                                                                                                                                                                                                             |               | 1,000                                                                                                                    |                     |                                                                  | Ø                                                                |
| 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<br>Gary G Puget                                                                                                                                                                                                 |               |                                                                                                                          |                     | Date<br>1/2/2025                                                 |                                                                  |
| Signature of Authorized Representative<br>                                                                                                                                                                                                        |               |                                                                                                                          |                     | FILED<br>JAN 28 2025<br>BY: EPXW2<br>341                         |                                                                  |