



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

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 RI SOS BSD
 25 JAN 28 PM 3:39:00

1. Entity ID Number 000567143		2. Exact name of the Corporation Automotive Services & Technology Inc										
3. Principal Office Address 51 Circle St		City Woonsocket	State RI									
		Zip 02895										
4. NAICS Code 541990	6. Brief description of the character of business conducted in Rhode Island Automotive diagnostic and repair services											
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment												
President Name Gary Puget		Vice-President Name										
Street Address 51 Circle St		Street Address										
City Woon	State RI	Zip 02895										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment												
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment										
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td></td> <td>5</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000		5			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE								
1,000		5										
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 Gary G Puget		Date 1/21/2025										
Signature of Authorized Representative 		FILED JAN 28 2025 BY GPRWJ										