

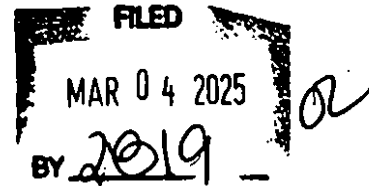


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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. Filing Number <div style="font-size: 2em; font-family: cursive;">41340</div>		2. Exact name of the Corporation SMITTY'S AUTO SERVICE, INC.		
3. Principal Office Address 68 GERVAIS STREET		City COVENTRY	State RI	Zip 02816
4. NAICS Code <div style="font-size: 1.5em; font-family: cursive;">811111</div>	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF VEHICLE REPAIR AND TO SELL AT RETAIL AND WHOLESALE AUTOMOTIVE EQUIPMENT			
5. State of Incorporation RHODE ISLAND				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name DANIEL J. SMITH		Vice-President Name DANIEL J. SMITH		
Street Address 68 GERVAIS STREET		Street Address 68 GERVAIS STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI
Secretary Name DANIEL J. SMITH		Treasurer Name DANIEL J. SMITH		
Street Address 68 GERVAIS STREET		Street Address 68 GERVAIS STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name DANIEL J. SMITH		Director Name		
Street Address 68 GERVAIS STREET		Street Address		
City COVENTRY	State RI	Zip 02816	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>				
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 <div style="font-size: 1.2em;">301</div>	CLASS/SERIES COMMON	PAR VALUE NO PAR VALU
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 DANIEL J. SMITH				Date <div style="font-size: 1.2em; font-family: cursive;">2-27-25</div>
Signature of Authorized Representative <div style="font-size: 1.5em; font-family: cursive;">[Signature]</div>				

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov