



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

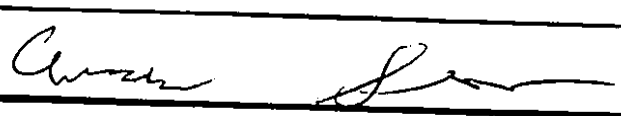
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 24 2025

*CB*

BY 25046

1. Entity ID Number <b>152821</b>		2. Exact name of the Corporation <b>EXETER AUTO REPAIR, INC.</b>	
3. Principal Office Address <b>565 Nooseneck Hill Road</b>		City <b>Exeter</b>	State <b>RI</b>
4. NAICS Code <b>811120</b>		Zip <b>02822</b>	
5. State of Incorporation <b>Rhode Island</b>		6. Brief description of the character of business conducted in Rhode Island <b>Auto repair-all other lawful purposes.</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>Andrew Slater</b>		Vice-President Name <b>Denise Slater</b>	
Street Address <b>565 Nooseneck Hill Road</b>		Street Address <b>565 Nooseneck Hill Road</b>	
City <b>Exeter</b>	State <b>RI</b>	City <b>Exeter</b>	State <b>RI</b>
Zip <b>02822</b>		Zip <b>02822</b>	
Secretary Name <b>Denise Slater</b>		Treasurer Name <b>Andrew Slater</b>	
Street Address <b>565 Nooseneck Hill Road</b>		Street Address <b>565 Nooseneck Hill Road</b>	
City <b>Exeter</b>	State <b>RI</b>	City <b>Exeter</b>	State <b>RI</b>
Zip <b>02822</b>		Zip <b>02822</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 <b>n/a</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>1000</b>	
		CLASS/SERIES <b>common</b>	
		PAR VALUE <b>no par value</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>Andrew Slater., President</b>		Date <b>3/17/25</b>	
Signature of Authorized Representative 			

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