



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.

REC'D RIDOS BSD  
25 APR 14 PM 1:07:21

1. Entity ID Number <b>001771173</b>		2. Exact name of the Corporation <b>CRS WINDOW TINTING INC</b>			
3. Principal Office Address <b>43 KING PHILLIP AVENUE</b>			City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02804</b>
4. NAICS Code <b>811122</b>		6. Brief description of the character of business conducted in Rhode Island <b>AUTOMOTIVE WINDOW TINTING SERVICES</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>CHRISTOPHER RILEY</b>			Vice-President Name <b>SAME</b>		
Street Address <b>43 KING PHILLIP AVENUE</b>			Street Address		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
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>500</b>		<b>COMMON</b>	
		<b>NO PAR</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>CHRISTOPHER RILEY</b>				Date <b>April 2 2025</b> ✓	
Signature of Authorized Representative 				<b>FILED</b> <b>APR 14 2025</b> <b>BY AMYLCF</b> <b>AA. 1:07pm.</b>	

MAIL TO:  
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