State of Rhode Island
Department of State - Business Services Division

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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. Entity ID Number	2. Exact name of the Corporation
001771173	CRS WINDOW TINTING INC

3. Principal Office Address	City	State	Zip
43 KING PHILLIP AVENUE	BRISTOL	RI	02804

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811122	AUTOMOTIVE WINDOW TINTING SERVICES
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
CHRISTOPHER RILEY	SAME
Street Address: 43 KING PHILLIP AVENUE	Street Address:
City: BRISTOL / State: RI / Zip: 02840	City: / State: / Zip:
Secretary Name: SAME	Treasurer Name: SAME
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
NONE	NONE
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:
Director Name: NONE	Director Name: NONE
Street Address:	Street Address:
City: / State: / Zip:	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	500	COMMON	NO PAR

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	Date
CHRISTOPHER RILEY	April 2 2025

Signature of Authorized Representative

FILED
APR 14 2025
BY AMCF
AA. 1:07pm.

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

FORM 630- Revised 12/2023