



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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
 MAY 04 2022
 BY 28537

1. Entity ID Number 000053231		2. Exact name of the Corporation ROYAL REPAIRS, INC.			
3. Principal Office Address 525 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Automotive repairs, general and specialized.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kyle D. Roy			Vice-President Name Donald F. Roy		
Street Address 3 Valentine Drive			Street Address 3 Valentine Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Alice W. Roy			Treasurer Name Donald F. Roy		
Street Address 3 Valentine Drive			Street Address 3 Valentine Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Donald F. Roy			Director Name Alice W. Roy		
Street Address 3 Valentine Drive			Street Address 3 Valentine Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		CLASSIFICATION
			100		Common
					PAR VALUE
					No par value
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 Donald F. Roy					Date April 29, 2
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