

MAR 10 2023



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation _____

STAMP
MAR 10 2023
10916

- 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 17048		2. Exact name of the Corporation NORMAN'S INC.			
3. Principal Office Address 124 HOPKINS HILL ROAD			City WEST GREENWICH	State RI	Zip 02817
4. NAICS Code 423140		6. Brief description of the character of business conducted in Rhode Island SALE OF USED AUTO AND TRUCK PARTS.			
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 NORMAN E. CARPENTER, JR.			Vice-President Name DAVID CARPENTER		
Street Address 45 HAZARD ROAD			Street Address 45 HAZARD ROAD		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
Secretary Name NORMAN E. CARPENTER, JR.			Treasurer Name DAVID CARPENTER		
Street Address 45 HAZARD ROAD			Street Address 45 HAZARD ROAD		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NORMAN E. CARPENTER, JR.			Director Name NONE		
Street Address 45 HAZARD ROAD			Street Address		
City WEST GREENWICH	State RI	Zip 02817	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600		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 NORMAN E. CARPENTER, JR.				Date March 9 2023	
Signature of Authorized Representative <i>X Norman E Carpenter</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov