



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2611
401.222.3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.	2. Name of Corporation		
8716	SARAIVA, INC		
3. Street Address Principal Business Office	City	State	Zip
175 Taunton Ave	East Providence	RI	02914
4. Business Phone No.	5. State of Incorporation		
401-434-6847	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island

to repair, replace, purchase, appraise, value, acquire or dispose of anything automotive.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Manuel Saraiva			Mark M Saraiva		
Street Address			Street Address		
162 School St			39 Rosemere Drive		
City	State	Zip	City	State	Zip
Rehoboth	MA	02769	East Providence	RI	02914
Secretary Name			Treasurer Name		
Judith Saraiva			Manuel Saraiva		
Street Address			Street Address		
162 School St			162 School St		
City	State	Zip	City	State	Zip
Rehoboth	MA	02769	Rehoboth	MA	02769

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
NONE					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value
600	common	no par value

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.

File Date	FILED
Check No.	FEB 04 2011
By:	9385
FOR SECRETARY OF STATE USE ONLY	

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.

Signature	Date
Manuel Saraiva	2/2/11
Print or Type Name	
President	
Title	