



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 77119		2. Exact name of the Corporation CESAR COSTA'S AUTO SERVICE, INC.			
3. Principal office address 635 Bullocks Point Avenue		City East Prov.	State RI	Zip 02915	
4. Business Phone No. 437-3688		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Repair, service and the care of automobiles and motor vehicles requiring maintenance.					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name Cesar Costa			Vice-President Name Cesar Costa		
Street Address 114 Thurston Street			Street Address 114 Thurston Street		
City East Prov.	State RI	Zip 02915	City East Prov.	State RI	Zip 02915
Secretary Name Cesar Costa			Treasurer Name Cesar Costa		
Street Address 114 Thurston Street			Street Address 114 Thurston Street		
City East Prov.	State RI	Zip 02915	City East Prov.	State RI	Zip 02915
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name Cesar Costa			Director Name		
Street Address 114 Thurston Street			Street Address		
City East Prov.	State RI	Zip 02915	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b> 300 Common No Par Value			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	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 \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**  
 MAR 14 2013  
 BY 42934

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.

*Cesar Costa* 3-13-13  
 Signature of Authorized Representative Date  
 Cesar Costa, President  
 Print or Type Name of Authorized Representative