

## STATE OF RHODE! .ND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

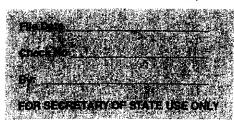
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

Filing Fee: \$50.00 · FA	ILURE TO FILE .	THIS REPORT BY I	MARCH 31 WILL RE	SULT IN A	\$25.00 PE	NALTY FEE.
1. Entity ID No.	2. Exact name of the Corporation					
77119	CESAR	COSTA'S AUT	O SERVICE,	INC.		
3. Principal office address			City		State	Zip
635 Bullocks Point Avenue			East Prov	•	RI	02915
4. Business Phone No. 437–3688			5. State of Incorporation Rhode Island			
6. Brief description of the charac Repair, servic requiring main	e and the			nd moto	or vehi	icles
agerdagiyarikirisidda		egrégario espeza	gréin i Chaigig 🗆 Shifte	trace de Oute	a sa sa sa sa	production of
President Name Cesar Costa			Vice-President Name Cesar Costa			
Street Address 114 Thurston Street			Street Address 114 Thurston Street			
City East Prov.	State RI	<sup>Zip</sup> 02915	City East Pro	City East Prov.		<sup>Zio</sup> 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
Bis de Oriente (1909) Director Name Cesar Costa		SES) PAGIBOX (BOR)	Director Name			
Street Address 114 Thurston	Street	·····	Street Address		T	
City East Prov.	State RI	Zip 02915	City		State	Zip
Director Name			Director Name	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Street Address			Street Address			
City	State	Zip	City			Zip
SHARES AUTHORIZED 300 COMMON N	o Par Val	l IIO		CARROLL SHARE AND	A THE RESIDENCE OF THE PARTY OF	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES  COMMON		No Par Value
See Section 9 of Instruction she	eet.					
This report must be executed on	behalf of the corpo	ration by an authorized	d representative. If the d	corporation is	in the hand	s of a receiver or trustee,

this report must be executed probable 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, MAR 13 4 2014 and that all statements contained herein are true and correct.

2014

Signature of Authorized Representative

Date

Cesar Costa, President

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012