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 2014

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.	2. Exact name of the Corporation
77119	CESAR COSTA'S AUTO SERVICE, INC.

3. Principal office address	City	State	Zip
635 Bullocks Point Avenue	East Prov.	RI	02915

4. Business Phone No.	5. State of Incorporation
437-3688	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.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Cesar Costa	114 Thurston Street	East Prov.	RI	02915

Vice-President Name	Street Address	City	State	Zip
Cesar Costa	114 Thurston Street	East Prov.	RI	02915

Secretary Name	Street Address	City	State	Zip
Cesar Costa	114 Thurston Street	East Prov.	RI	02915

Treasurer Name	Street Address	City	State	Zip
Cesar Costa	114 Thurston Street	East Prov.	RI	02915

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Cesar Costa	114 Thurston Street	East Prov.	RI	02915

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED
300 Common No Par Value

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) ☐

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.

FILED
MAR 04 2014
BY 13352

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 R. Costa
Signature of Authorized Representative — Date

Cesar Costa, President
Print or Type Name of Authorized Representative

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012