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		
00016646	M&J Auto Body, Inc.		
3. Principal office address: 519 Broadway	City: Pawtucket	State: RI	Zip: 02860
4. Business Phone No.: 401-365-6886	5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: OWN and operate auto body			

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

President Name: Mario Hernandez			Vice-President Name		
Street Address: 137 Bagley St			Street Address		
City: Central Falls	State: RI	Zip: 02863	City	State	Zip
Secretary Name: Rogelio Diaz			Treasurer Name: Mario Hernandez		
Street Address: 41 West Cole St			Street Address: 137 Bagley St		
City: Pawtucket	State: RI	Zip: 02860	City: Central Falls	State: RI	Zip: 02863

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

Director Name			Director Name		
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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		0

2015 MAY 29 AM 8:36
SECRETARY OF STATE
CORPORATIONS DIV

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
File Date: 2015 11:38
Check No: 753
By:
FOR SECRETARY OF STATE USE ONLY
BY

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 of Authorized Representative — Date: 5-28-15

Mario Hernandez
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012