



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 2016

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. 45950		2. Exact name of the Corporation L & J AUTO, INC.		
3. Principal office address 721 MENDON ROAD		City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 401-334-2410		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island AUTOMOBILE REPAIRS AND SERVICE				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name ILIDIO VARGAS		Vice-President Name ISABEL VARGAS		
Street Address 915 ARMISTICE BLVD.		Street Address 915 ARMISTICE BLVD.		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI
Secretary Name ILIDIO VARGAS		Treasurer Name ILIDIO VARGAS		
Street Address SEE ABOVE		Street Address SEE ABOVE		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name ILIDIO VARGAS		Director Name ISABEL VARGAS		
Street Address SEE ABOVE		Street Address SEE ABOVE		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <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
		200	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

FEB 01 2016

KL16036

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.

Ilidio Vargas
Signature of Authorized Representative

01/26/2016

Date

ILIDIO VARGAS

Print or Type Name of Authorized Representative