



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. <u>140548</u>		2. Exact name of the Corporation <u>MAX AUTO + TRUCK REPAIR INC</u>	
3. Principal office address <u>252 MANTON AVE</u>		City <u>Prov</u>	State <u>RI</u>
4. Business Phone No. <u>401 277-2007</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>SALES OF USED CARS + REPAIRS</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>ANULFO TEJADA</u>		Vice-President Name <u>BETTY TEJADA</u>	
Street Address <u>22 Gilbert Stuart Drive</u>		Street Address <u>SAME</u>	
City <u>EAST GREENWICH</u>	State <u>RI</u>	City	State
Zip <u>02818</u>		Zip	
Secretary Name <u>BETTY TEJADA</u>		Treasurer Name <u>ANULFO TEJADA</u>	
Street Address <u>SAME</u>		Street Address <u>SAME</u>	
City	State	City	State
Zip		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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
		<u>200</u>	<u>0</u>

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 25 2016

By 268635

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.

Raulfo Tejada
Signature of Authorized Representative

2/25/16
Date

ANULFO TEJADA
Print or Type Name of Authorized Representative

KM