



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. 1316219		2. Exact name of the Corporation LAJARA AUTO SALES, INC.				
3. Principal office address 1141 CRANSTON STREET			City Cranston	State RI	Zip 02920	
4. Business Phone No.			5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Automotive sales.						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name Myrna Lajara			Vice-President Name			
Street Address 62 Rushmore Avenue			Street Address			
City Providence	State RI	Zip 02909	City	State	Zip	
Secretary Name Myrna Lajara			Treasurer Name Myrna Lajara			
Street Address 62 Rushmore Avenue			Street Address 62 Rushmore Avenue			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name Myrna Lajara			Director Name None			
Street Address 62 Rushmore Avenue			Street Address			
City Providence	State RI	Zip 02909	City	State	Zip	
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	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	PAR VALUE
				100	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
MAR 03 2016

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.

Myrna Lajara 2/29/16
 Signature of Authorized Representative Date
Myrna Lajara
 Print or Type Name of Authorized Representative

BY las ds