



**State of Rhode Island and Providence Plantations**  
**Department of State - Business Services Division**

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SECRETARY OF STATE  
CORPORATIONS DIV

2016 MAY -9 AM 9:58

**Profit Corporation Annual Report for the year:** 2014

Filing period: January 1 - March 1

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <b>524819</b>		2. Exact name of the Corporation <b>M &amp; M 1 AUTO REPAIR INC</b>			
3. Principal Office Address <b>96 BLACKSTONE STREET</b>		City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	
4. Business Phone Number <b>401-7251862</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>GENERAL AUTO REPAIR</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>MARIO ANDRADE</b>			Vice-President Name <b>RAMIRO YOL</b>		
Street Address <b>27 MAVIS STREET</b>			Street Address <b>309 WEEDEN STREET</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name <b>MARIO ANDRADE</b>			Treasurer Name <b>RAMIRO YOL</b>		
Street Address <b>27 MAVIS STREET</b>			Street Address <b>309 WEEDEN STREET</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>MARIO ANDRADE</b>			Director Name <b>309 WEEDEN STREET</b>		
Street Address <b>27 MAVIS STREET</b>			Street Address <b>309 WEEDEN STREET</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
9. Shares Authorized			10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>500</b>	<b>STK</b>	<b>0.01</b>
11. 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. <b>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.</b>					
Name of Authorized Representative <b>MARIO ANDRADE</b>					Date <b>05/04/2016</b>
Signature of Authorized Representative <i>Mario Andrade</i>					

FILED

MAY 09 2016