

Amended



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

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Profit Corporation Annual Report for the year: 2016

2016 AUG -9 AM 10:48

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 <u>1102319</u>		2. Exact name of the Corporation <u>LONSDALE Auto Repairs INC.</u>	
3. Principal Office Address <u>819 LONSDALE AVENUE</u>		City <u>CENTRAL FALLS RI</u>	State <u>RI</u>
4. Business Phone Number <u>401-722-0993</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Automotive Repair & Maintenance</u>			
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>NICOLAS HERNANDEZ</u>		Vice-President Name	
Street Address <u>819 LONSDALE AVE</u>		Street Address	
City <u>CENTRAL FALLS RI</u>	State <u>RI</u>	Zip <u>02863</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <input type="checkbox"/> Check box to indicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES
			PAR VALUE <u>0.01</u>
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.			
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.			
Name of Authorized Representative <u>NICOLAS HERNANDEZ</u>		Date <u>8/9/2016</u>	
Signature of Authorized Representative			

SIGN DOCUMENT HERE

FILED

AUG 09 2016

By A.A. 10:48 A.M.



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

