



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

2016 OCT -5 PM 1:26

1. Entity ID Number 00792809		2. Exact name of the Corporation ESTRADA AUTO RECONDITION INC.			
3. Principal Office Address 1 GARNERD AV		City CRANSTON		State RI	Zip 02910
4. Business Phone Number 401-559-2674		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island AUTO DETAIL SERVICES					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDVIN GARRIDO			Vice-President Name EDVIN GARRIDO		
Street Address 1 GARDNER AVE			Street Address 1 GARNERD AVE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name EDVIN GARRIDO			Treasurer Name EDVIN GARRIDO		
Street Address 11 LOWELL AVE			Street Address 11 LOWELL AVE		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the 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 0		CLASS/SERIES
			PAR VALUE		
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 MARIO TAVERAS				Date 09/12/2016	
Signature of Authorized Representative 					

FILED 11:29

OCT 05 2016

By 285242

MAIL TO:
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Website: www.sos.ri.gov