



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**Annual Report for the year:** 2014

**Corporation**

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2016 OCT -5 PM 1:26

1. Entity ID Number <b>00792809</b>		2. Exact name of the Corporation <b>ESTRADA AUTO RECONDITION INC.</b>			
3. Principal Office Address <b>1 Garnerd AV</b>		City <b>CRANSTON</b>		State <b>RI</b>	Zip <b>02916</b>
4. Business Phone Number <b>401-559-2674</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>AUTO DETAIL SERVICE</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARIO TAVERAS</b>			Vice-President Name <b>MARIO TAVERAS</b>		
Street Address <b>11 LOWELL AVE</b>			Street Address <b>11 LOWELL AVE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
Secretary Name <b>MARIO TAVERAS</b>			Treasurer Name <b>MARIO TAVERAS</b>		
Street Address <b>11 LOWELL AVE</b>			Street Address <b>11 LOWELL AVE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		0			
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 TAVERAS</b>				Date <b>09/12/2016</b>	
Signature of Authorized Representative <i>X Mario Taveras</i>					

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040

**Website:** www.sos.ri.gov

FILED 1:27

OCT 05 2016

By 4285842

FORM 630 - Revised: 05/2015