



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation _____

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

FILED

JAN 23 2017

BY

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1. Entity ID Number 995234		2. Exact name of the Corporation MAGIC AUTO DETAILING, INC.												
3. Principal Office Address 3 BELLA AVE		City PAWTUCKET		State RI	Zip 02861									
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE MAINTENANCE- CAR WASHES AND AUTO DETAILING													
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name JAVIER VEGA URBAN			Vice-President Name											
Street Address 3 BELLA AVE			Street Address											
City PAWTUCKET	State RI	Zip 02861	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>1000</td><td>CNP</td><td>NONE</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	CNP	NONE			
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1000	CNP	NONE												
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 JAVIER VEGA URBAN				Date 01/17/2017										
Signature of Authorized Representative 				SIGN DOCUMENT HERE										