



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.

1. Entity ID Number 71286		2. Exact name of the Corporation Joseph Borges, Inc.												
3. Principal Office Address 830 Lonsdale Avenue			City Central Falls	State RI	Zip 02863									
4. NAICS Code 44-45		6. Brief description of the character of business conducted in Rhode Island Automobile repairs and sales												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Joseph Borges			Vice-President Name Maria Borges											
Street Address 830 Lonsdale Avenue			Street Address 830 Lonsdale Avenue											
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863									
Secretary Name Joseph Borges			Treasurer Name Joseph Borbes											
Street Address See Above			Street Address See Above											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name Joseph Borges			Director Name Maria Gorges											
Street Address See Above			Street Address See Above											
City	State	Zip	City	State	Zip									
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.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		100	Common	No 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. <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 Joseph Borges				Date 1/27/17										
Signature of Authorized Representative														

## 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

FEB 27 2017

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