



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 1666411		2. Exact name of the Corporation Hernandez Auto Sales, Inc.												
3. Principal Office Address 610 Weeden Street			City Pawtucket	State RI	Zip 02860									
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island auto dealership												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Mario Hernandez			Vice-President Name Gilda Hernandez											
Street Address 137 Bagley Street			Street Address 137 Bagley Street											
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863									
Secretary Name Gilda Hernandez			Treasurer Name Mario Hernandez											
Street Address 137 Bagley Street			Street Address 137 Bagley Street											
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			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		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No par			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
200	Common	No par												
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 Hernandez President					Date 2/27/17									
Signature of Authorized Representative 														

FILED

MAR 02 2017

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov