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	2. Exact name of the Corporation
77119	CESAR COSTA'S AUTO SERVICE, INC.

3. Principal Office Address	City	State	Zip
635 Bullocks Point Avenue	East Providence	RI	02915

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except Pul	Repair, service and the care of automobiles and motor vehicles requiring maintenance.
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Cesar Costa			Cesar Costa		
Street Address: 114 Thurston Street			Street Address: 114 Thurston Street		
City: East Providence	State: RI	Zip: 02915	City: East Providence	State: RI	Zip: 02915
Secretary Name: Cesar Costa			Treasurer Name: Cesar Costa		
Street Address: 114 Thurston Street			Street Address: 114 Thurston Street		
City: East Providence	State: RI	Zip: 02915	City: East Providence	State: RI	Zip: 02915

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Cesar Costa					
Street Address: 114 Thurston Street			Street Address		
City: East Providence	State: RI	Zip: 02915	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
50	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.

Under penalty of perjury, I declare and affirm that I have examined this report [illegible] ing any accompanying schedules and statements, and that all statements contained herein are true and corre[illegible]

Name of Authorized Representative	Date
Cesar Costa, President	2/[illegible]/2017

Signature of Authorized Representative: Cesar Costa

FILED

MAR 20 2017

By 14774

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040