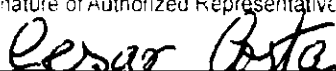


 Department of State - Business Services Division

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 77119		2. Exact name of the Corporation CESAR COSTA'S AUTO SERVICE, INC.			
3. Principal Office Address 635 Bullocks Point Avenue			City East Providence	State RI	Zip 02915
4. NAICS Code 81 - Other Services (except Public Administration)		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name Cesar Costa			Vice-President 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
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 <input type="checkbox"/>					
Director Name Cesar Costa			Director Name		
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		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 and all accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Cesar Costa, President				Date 2/16/2017	
Signature of Authorized Representative 				FILED	

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

MAR 20 2017
14774
By 