

State of Rhode Island and Providence Plantations

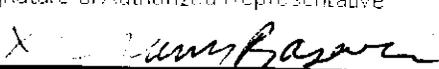
Department of State - Business Services Division

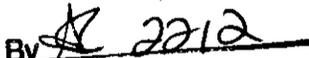
Annual Report for the year: 2017 Corporation

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 MAR 29 PM 1:57

1. Entity ID Number 561771		2. Exact name of the Corporation LOS ROSARIOS AUTO REPAIR INC			
3. Principal Office Address 36 NEWPORT AVENUE			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island GENERAL AUTO REPAIR			
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 JUAN ROSARIO			Vice-President Name JUAN ROSARIO		
Street Address 159 HEDLEY AVENUE APT 4			Street Address 159 HEDLEY AVENUE APT 4		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
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 JUAN ROSARIO			Director Name		
Street Address 159 HEDLEY AVENUE APT 3			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	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"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	STK	0.01
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 JUA ROSARIO				Date 03/20/2017	
Signature of Authorized Representative 				FILED	
MAR 29 2017					

By  2212