

State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**  
**Corporation**

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 BUS SVCS DIV

2017 MAR 29 PM 1:57

- 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 <b>524819</b>		2. Exact name of the Corporation <b>M &amp; M 1 AUTO REPAIR INC</b>			
3. Principal Office Address <b>162 BROAD STREET</b>		City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	
4. NAICS Code <b>81</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL MECHANIC REPAIR</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARIO ANDRADE</b>			Vice-President Name <b>RAMIRO YOL</b>		
Street Address <b>27 MAVIS STREET</b>			Street Address <b>309 WEEEDEN STREET</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name <b>MARIO ANDRADE</b>			Treasurer Name <b>RAMIRO YOL</b>		
Street Address <b>27 MAVIS STREET</b>			Street Address <b>309 WEEEDEN STREET</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MARIO ANDRADE</b>			Director Name <b>RAMIRO YOL</b>		
Street Address <b>27 MAVIS STREET</b>			Street Address <b>309 WEEEDEN STREET</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
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.			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 <b>MARIO ANDRADE - President</b>				Date <b>02/28/2017</b>	
Signature of Authorized Representative <i>Mario Andrade</i>				<b>FILED</b>	

MAR 29 2017

By *AL* 2518