RI SOS Filing Number: 201753829300 Date: 11/22/2017 4:06:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2017 NOV 22 PM 4:0

Annual Report for the year: 2018

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			
000141889	M&G Auto Repair Inc			
3. Principal Office Address		City	State	Zip
1063 Lonsdale ave		Central FALLS	RI	02863
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811111	to own and operate an auto and truck Repair Shop.			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
Mario Hernandez			Gilda Hernandez		
Street Address			Street Address		
137 Bagley st			137 Bagley st		
City	State	Zip	City	State	Zip
Central FALLS	RI	02863	Central FALLS	RI	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 ☐

Director Name			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

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
100		0

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		Date
Mario Hernandez	4:06 pm	11-22-17

Signature of Authorized Representative: Mario Hernandez

FILED

NOV 22 2017

BY 318214 KM

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

FORM 630 - Revised: 10/2017