



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

STAMP

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 45950		2. Exact name of the Corporation L & J AUTO, INC.			
3. Principal Office Address 721 MENDON ROAD			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island <i>Automotive Repairs</i>			
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 ILIDIO VARGAS			Vice-President Name ISABEL VARGAS		
Street Address 915 ARMISTICE BOULEVARD			Street Address 915 ARMISTICE BOULEVARD		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name ILIDIO VARGAS			Treasurer Name ILIDIO VARGAS		
Street Address SEE ABOVE			Street Address SEE ABOVE		
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 ILIDIO VARGAS			Director Name ISABEL VARGAS		
Street Address SEE ABOVE			Street Address SEE ABOVE		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIFS	PAR VALUE
			200	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, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative ILIDIO VARGAS				Date 1/20/18	
Signature of Authorized Representative <i>Ilidio Vargas</i> FILED					

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

JAN 18 2018

BY 16810 QS FORM 630 - Revised: 10/2017