State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED
JAN 18 2018
BY 7128

1. Entity ID Number	2. Exact name of the Corporation
~~160273~~ - 160723	**N & C Auto Service, Inc.**

3. Principal Office Address	City	State	Zip
734 Pontiac Avenue	**Providence**	**RI**	**02910**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811111	**Auto Repair Facility**
5. State of Incorporation: **RI**	

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

President Name	Street Address	City	State	Zip
Challita Nehme	**734 Pontiac Avenue**	**Cranston**	**RI**	**02910**

Vice-President Name	Street Address	City	State	Zip
Nasr Daou	**100 Friendly Road**	**Cranston**	**RI**	**02910**

Secretary Name	Street Address	City	State	Zip
Nasr Daou	**734 Pontiac Avenue**	**Cranston**	**RI**	

Treasurer Name	Street Address	City	State	Zip
Challita Nehme	**734 Pontiac Avenue**	**Cranston**	**RI**	**02910**

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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	**Common**	**.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	Date
Challita Nehme	**01/12/2018**

Signature of Authorized Representative

Signature: ✗ SIGN DOCUMENT HERE

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