State of Rhode Islam Department of			Division				
Annual Report for the Corporation				STAMP			
 → Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$25 	internal de la companya de la compan						
1. Entity ID Number 71286		2. Exact name of the Corporation JOSEPH BORGES, INC.					
Principal Office Address 830 LONSDALE AVENUE			City CENTRAL F	ALLS	State	Zip 02863	
4 NAICS Code 811111 5. State of Incorporation RHODE ISLAND	6. Brief description of the character of business conducted in Rhode Island AUTOMOBILE REPAIRS AND SALES						
7. List ALL officers (names an	nd addresses)		Tre D. II		the box to inc	licate an attachment L	
President Name JOSEPH BORGES			Vice-Presiden	Vice-President Name MARIA BORGES			
Street Address 830 LONSDAL	Street Address	Street Address 830 Lonsdale AVENUE					
City CENTRAL FALLS	State RI	^{Z_{IP}} 02863	City CENTRA	City CENTRAL FALLS		Zip 02863	
Secretary Name JOSEPH BOR	RGES	•	Treasurer Nan	ne JOSEPH BORGE	s		
Street Address SEE ABOVE			Street Address	SEE ABOVE			
City	State	Zip	City		State	Zip	
8. List ALL directors (names a		Check the box to indicate an attachment					
Director Name JOSEPH BORO	Director Name	MARIA BORGES					
Street Address SEE ABOVE	Street Address	Street Address SEE ABOVE					
City	State	Zip	City	City		Zip	
Director Name			Director Name	Director Name			
Street Address	Street Address	Street Address					
City	State	Zip	City		State	Zıp	
		10. Shares I			the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		100	NUMBER OF SHARES		COMMON		
11. This report must be executrustee, this report must be executrustee, this report must be executive that are penalty of perjury, I contains the statements, and that all statements.	uted on behalf of the xecuted on behalf of declare and affirm	the corporation b	y the receiver or tr ined this report, i	ustee			
Name of Authorized Represe			<u>-</u>		Date		

JOSEPH BORGES

Signature of Authorized Representative

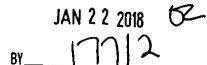
SIGN DOCUMENT PIERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov



FORM 630 - Revised: 10/2017

1/20/18