



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.

1. Entity ID Number 000522596		2. Exact name of the Corporation ROMANA MUFFLER REPAIR, INC			
3. Principal Office Address 11 LENOX AVE			City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 811198	5. Brief description of the character of business conducted in Rhode Island MUFFLER INSTALATION AND REPAIR				
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JACINTO POLANCO			Vice-President Name		
Street Address 11 LENOX AVE			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
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 <input type="checkbox"/>
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		1000		NON 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 JACINTO POLANCO				Date 01/02/2018	
Signature of Authorized Representative <i>Jacinto Polanco</i>				FILED <i>02</i> JAN 22 2018	