



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2018**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 62503		2. Exact name of the Corporation MOE'S AUTO SALES AND SERVICE, INC.				
3. Principal office address 19-21 Benefit St.		(532111)		City Pawtucket	State RI	Zip 02861
4. Business Phone No. 401-725-9257		5. State of Incorporation R.I.				
6. Brief description of the character of business conducted in Rhode Island Repair and sales of automobiles and trucks.						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name Victor M. Lopes			Vice-President Name Eric J. Lopes			
Street Address 19-21 Benefit St.			Street Address 19-21 Benefit St.			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861	
Secretary Name Shirley A. Lopes			Treasurer Name Victor M. Lopes			
Street Address 19-21 Benefit St.			Street Address 19-21 Benefit St.			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			1,000	Common	\$100	

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative

Victor M. Lopes

Print or Type Name of Authorized Representative

Date