RI SOS Filing Number: 201859306570 Date: 2/26/2018 4:00:00 PM 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 2. Exact name of the Corporation ESPERANZA MUFFLER & AUTO REPAIR SHOP, INC 000532977 3 Principal Office Address City Zip 953 BROAD STREET **PROVIDENCE** RI 02908 6 Brief description of the character of business conducted in Rhode Island GENRAL MECHANICAL AUTO REPAIR 5 State of Incorporation **RHODE ISLAND** 7 List ALL officers (names and addresses) Check the box to indicate an attachment President Name OTTO R MARCOS MARTINEZ Vice-President Name OTTO R. MARCOS MARTINEZ Street Address 34 MARYLAND STREET 2ND FL Street Address 34 MARYLAND STREET 2ND FL City PROVIDENCE State RJ Žip **0290**9 City PROVIDENCE Zip **02909** Secretary Name Treasurer Name Street Address Street Address State Zıp City State Zrp 8 List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name Street Address Street Address State City State

Director Name Director Name Street Address Street Address City State City State 9 Shares Authorized 10 Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES PAR VALUE Department of State. 500 STK 0.0100 Changes require an additional filing. 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

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

onder perions of perjory, i declare and amirm 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
OTTO R MARCOS MARTINEZ

Date **02/08/2018**

Signature of Authorized Depresentative

FILED

Division of Business Services

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