RI SOS Filing Number: 201859549850 Date: 2/28/2018 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		
907703	G&H VEHICLE Repair, INC.		
3. Principal Office Address	City	State	Zip
433 BROADWAY	PAWTUCKET	RI	02880
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
811111	Repair of MOTOR VEHICLE AND ALL MATTERS Related thereto.		
5. State of Incorporation			
Rhode Island			

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

President Name	Vice-President Name
EUGENE AGUIAR	VACANT
Street Address: 139 Mill St.	Street Address:
City: Cumberland State: RI Zip: 02864	City: State: Zip:
Secretary Name	**Treasurer Name**
Eugene Aguiar	EUGENE AGUIAR
Street Address: 139 Mill St.	Street Address: 139 Mill St.
City: Cumberland State: RI Zip: 02864	City: CUMBERLAND State: RI Zip: 02864

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

Director Name	Director Name
Eugene AGUIAR	
Street Address: 139 Mill St.	Street Address:
City: Cumberland State: RI Zip: 02864	City: State: Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This Information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	No PAR

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
EUGENE AGUIAR	2.22.18

Signature of Authorized Representative: Eugene Aguiar

FILED
FEB 28 2018
by 802

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: 08/2017