



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation



2019

STAMP

→ 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 70774		2. Exact name of the Corporation BARBOSA & SON AUTO REPAIR, INC.			
3. Principal Office Address 205 NORTH BROW STREET			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island GENERAL MOTOR VEHICLE REPAIR BUSINESS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDWARD S. BARBOSA			Vice-President Name EDWARD S. BARBOSA		
Street Address 205 NORTH BROW STREET			Street Address 205 NORTH BROW STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name EDWARD S. BARBOSA			Treasurer Name EDWARD S. BARBOSA		
Street Address 205 NORTH BROW STREET			Street Address 205 NORTH BROW STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			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 EDWARD S. BARBOSA					Date 1/18/2019
Signature of Authorized Representative 			SIGN DOCUMENT FILED 		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 28 2019

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FORM 630 - Revised: 10/2017