



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2019**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**STAMP**

2019 MAR 1 AM 8:45  
 SECRETARY OF STATE  
 CORPORATION DIVISION

|  |                 |   |   |                        |                     |
|--|-----------------|---|---|------------------------|---------------------|
| 1. Entity ID Number<br><b>75995</b>  |                 | 2. Exact name of the Corporation<br><b>P&amp;J Auto Sales, Inc.</b>   |   |                        |                     |
| 3. Principal Office Address<br><b>550 Prairie Avenue</b>   |                 |   | City<br><b>Providence</b>   | State<br><b>RI</b>     | Zip<br><b>02905</b> |
| 4. NAICS Code<br><b>811111</b>   |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>All phases of automobile industry</b> |   |                        |                     |
| 5. State of Incorporation<br><b>Rhode Island</b>   |                 |   |   |                        |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |   |                        |                     |
| President Name <b>Maria M. Moniz</b>   |                 |   | Vice-President Name <b>Manuel Ferreira</b>  |                        |                     |
| Street Address <b>217 Vincent Street</b>   |                 |   | Street Address <b>162 James Street</b>  |                        |                     |
| City <b>East Providence</b>  | State <b>RI</b> | Zip <b>02914</b>  | City <b>East Providence</b>   | State <b>RI</b>        | Zip <b>02914</b>    |
| Secretary Name <b>Maria M. Moniz</b>   |                 |   | Treasurer Name <b>Manuel Ferreira</b>   |                        |                     |
| Street Address <b>217 Vincent Street</b>   |                 |   | Street Address <b>162 James Street</b>  |                        |                     |
| City <b>East Providence</b>  | State <b>RI</b> | Zip <b>02914</b>  | City <b>East Providence</b>   | State <b>RI</b>        | Zip <b>02914</b>    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |   |   |                        |                     |
| Director Name <b>Maria M. Moniz</b>  |                 |   | Director Name <b>Manuel Ferreira</b>  |                        |                     |
| Street Address <b>217 Vincent Street</b>   |                 |   | Street Address <b>162 James Street</b>  |                        |                     |
| City <b>East Providence</b>  | State <b>RI</b> | Zip <b>02914</b>  | City <b>East Providence</b>   | State <b>RI</b>        | Zip <b>02914</b>    |
| Director Name  |                 |   | Director Name   |                        |                     |
| Street Address   |                 |   | Street Address  |                        |                     |
| City   | State           | Zip   | City  | State                  | Zip                 |
| 9. Shares Authorized   |                 |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                        |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                 |   | NUMBER OF SHARES  |                        | PAR VALUE           |
|  |                 |   | <b>500</b>  | <b>Common</b>          | <b>No par value</b> |
| 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.<br><b>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.</b> |                 |   |   |                        |                     |
| Name of Authorized Representative<br><b>Maria M. Moniz</b>   |                 |   |   | Date<br><b>2-14-19</b> |                     |
| Signature of Authorized Representative<br><i>Maria M Moniz</i>   |                 |   | SIGN DOCUMENT HERE  |                        |                     |

**FILED**

**MAR 01 2019**  
 BY *[Signature]* 7:31  
 8:45

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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