

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.

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 SECRETARY OF STATE
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| | | | | | |
|---|--------------------|---|---|------------------------|---------------------|
| 1. Entity ID Number 000140548 | | 2. Exact name of the Corporation MAX AUTO + TRUCK REPAIR INC | | | |
| 3. Principal Office Address 252 MANTON AVE | | | City PROV | State RI | Zip 02908 |
| 4. NAICS Code 81111 | | 6. Brief description of the character of business conducted in Rhode Island USED CAR SALES + REPAIR | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name ANUIFO TEJADA | | | Vice-President Name Betty Tejada | | |
| Street Address 22 Gilbert Stuart Drive | | | Street Address SAME | | |
| City EAST GREENWICH | State RI | Zip 0288 | City | State | Zip |
| Secretary Name Betty Tejada | | | Treasurer Name ANUIFO TEJADA | | |
| Street Address SAME | | | Street Address SAME | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an 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 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 |
| | | | 200 | | |
| 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 ANUIFO TEJADA | | | | Date 3/21/19 | |
| Signature of Authorized Representative Anuifo Tejada | | | | FILED | |

FILED
MAR 21 2019
 BY **QUEVKA**
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