



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.

RECEIVED  
 SECRETARY OF STATE  
 2019 MAR 21 PM 3:54  
 02908

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

**FILED**  
**MAR 21 2019**  
 BY **QUEVKA**  
**3:54**