



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.

FILED

APR 15 2019

BY 1195 DS

1. Entity ID Number <u>907703</u>		2. Exact name of the Corporation <u>G&H VEHICLE REPAIR, INC.</u>	
3. Principal Office Address <u>433 BROADWAY</u>		City <u>Pawtucket</u>	State <u>RI</u>
4. NAICS Code <u>811111</u>		6. Brief description of the character of business conducted in Rhode Island <u>REPAIR OF MOTOR VEHICLES AND ALL MATTERS Related thereto.</u>	
5. State of Incorporation <u>Rhode Island</u>		Zip <u>02864</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>EUGENE J. AGUIAR, Jr.</u>		Vice-President Name <u>VACANT</u>	
Street Address <u>139 MILL ST</u>		Street Address	
City <u>Cumberland</u>	State <u>RI</u>	City	State <u>RI</u>
Zip <u>02864</u>		Zip	
Secretary Name <u>EUGENE J. Aguiar, Jr.</u>		Treasurer Name	
Street Address <u>139 Mill St.</u>		Street Address	
City <u>Cumberland</u>	State <u>RI</u>	City	State <u>RI</u>
Zip <u>02864</u>		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Eugene J. Aguiar Jr.</u>		Director Name	
Street Address <u>139 Mill St.</u>		Street Address	
City <u>Cumberland</u>	State <u>RI</u>	City	State <u>RI</u>
Zip <u>02864</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>COMMON</u>
Changes require an additional filing.		PAR VALUE <u>No Par</u>	
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 <u>EUGENE J. Aguiar Jr.</u>		Date <u>4.1.19</u>	
Signature of Authorized Representative <u>Eugene Aguiar</u>		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov