



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

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV
 2020 FEB 25 A 10:01

Annual Report for the year: 2020

Corporation

- 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 000039727		2. Exact name of the Corporation Laires and Son Auto Repair, Inc.			
3. Principal Office Address 158 Waterman Avenue		City East Providence		State RI	Zip 02914
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Automotive 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 Antonio Laires			Vice-President Name Joseph P. Laires		
Street Address 158 Waterman Avenue			Street Address 158 Waterman Avenue		
City East Providence		State RI	Zip 02914	City East Providence	
State RI		Zip 02914		State RI	
City East Providence		Zip 02914		City East Providence	
Secretary Name Joseph P. Laires			Treasurer Name Antonio Laires		
Street Address 158 Waterman Avenue			Street Address 158 Waterman Avenue		
City East Providence		State RI	Zip 02914	City East Providence	
State RI		Zip 02914		State RI	
City East Providence		Zip 02914		City East Providence	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonio Laires			Director Name Joseph P. Laires		
Street Address 158 Waterman Avenue			Street Address 158 Waterman Avenue		
City East Providence		State RI	Zip 02914	City East Providence	
State RI		Zip 02914		State RI	
City East Providence		Zip 02914		City East Providence	
Director Name None			Director Name None		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
City		Zip		City	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
10. Shares Issued <small>NUMBER OF SHARES</small> 800 <small>CLASS/STRIKES</small> Common <small>PAR VALUE</small> No Par Value			<small>Check the box to indicate an attachment <input type="checkbox"/></small>		
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 Antonio Laires				Date 2/6/20	
Signature of Authorized Representative 					

FILED

FEB 25 2020

BY Ch Ch 6403
 10:01

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 272-3040
 Website: www.sos.ri.gov