



RI SOS Filing Number: 202035443540
State of Rhode Island and Providence Plantations

Date: 2/25/2020 4:00:00 PM

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 000788248		2. Exact name of the Corporation TONY & SONS AUTO SERVICE, INC.			
3. Principal Office Address 551 Central Avenue		City Pawtucket		State RI	Zip 02861
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island To operate an automotive repair business			
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 Marques			Vice-President Name Alberto A. Marques		
Street Address 551 Central Avenue			Street Address 551 Central Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Antonio Marques			Treasurer Name Alberto A. Marques		
Street Address 551 Central Avenue			Street Address 551 Central Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonio Marques			Director Name Alberto A. Marques		
Street Address 551 Central Avenue			Street Address 551 Central Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					No 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.					
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 Marques					Date 01/15/2020
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017