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

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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	2. Exact name of the Corporation		
000024963	TONY LUIS AUTO SALES & SERVICE, INC.		
3. Principal Office Address	City	State	Zip
110 Dexter Street	Cumberland	RI	02864
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 ☐

President Name: Isabel DaSilva			Vice-President Name: Maria Luis		
Street Address: 64 Meadowcrest Drive			Street Address: 64 Meadowcrest Drive		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Secretary Name: Isabel DaSilva			Treasurer Name: Edward DaSilva		
Street Address: 64 Meadowcrest Drive			Street Address: 64 Meadowcrest Drive		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Isabel DaSilva			Director Name: Maria Luis		
Street Address: 64 Meadowcrest Drive			Street Address: 64 Meadowcrest Drive		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
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.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	Common	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	Date
Isabel DaSilva	1-15-2020

Signature of Authorized Representative: Isabel DaSilva

FILED
FEB 25 2020
BY CK 9178
10:01

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

FORM 630 - Revised: 10/2017