



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED

MAY 27 2020

BY

1103

1. Entity ID Number 000396613		2. Exact name of the Corporation EDGAR TRUCK REPAIR INC			
3. Principal Office Address 277 A SCITUATE AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island TRUCK GENERAL REPAIR			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CAROLINE MENDEZ			Vice-President Name EDGAR MOTA GAMEZ		
Street Address 1570 PLAINFIELD PIKE			Street Address 1570 PLAINFIELD PIKE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name CAROLINE MELENDEZ			Treasurer Name EDGAR MOTA GAMEZ		
Street Address 1570 PLAINFIELD PIKE			Street Address 1570 PLAINFIELD PIKE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			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. 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 CAROLINE MELENDEZ				Date 04/24/2020	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					