



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

11666

1 Entity ID Number <b>001665402</b>		2 Exact name of the Corporation <b>QUICK AUTO REPAIR INC</b>			
3 Principal Office Address <b>187 DEXTER STREET</b>		City <b>CUMBERLAND</b>		State <b>RI</b>	Zip <b>02864</b>
4 NAICS Code <b>811111</b>		6 Brief description of the character of business conducted in Rhode Island <b>GENERAL AUTO REPAIR</b>			
5 State of Incorporation <b>RHODE ISLAND</b>					
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ALVARO AQUINO DE LA ROCA</b>			Vice-President Name <b>ALVARO AQUINO DE LA ROCA</b>		
Street Address <b>187 DEXTER STREET</b>			Street Address <b>187 DEXTER STREET</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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.			NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>CWP</b>	PAR VALUE <b>0.0100</b>
Changes require an additional filing.					
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.					
<b>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.</b>					
Name of Authorized Representative <b>ALVARO AQUINO DE LA ROCA</b>					Date <b>03/26/2020</b>
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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FORM 630 - Revised 10-2017