



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

378

1. Entity ID Number 000532977		2. Exact name of the Corporation ESPERANZA MUFFLER +AUTO REPAIR SHOP INC		
3. Principal Office Address 853 BROAD STREET		City PROVIDENCE	State RI	Zip 02908
4. NAICS Code 811121	6. Brief description of the character of business conducted in Rhode Island GENERAL AUTO 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 OTTO MARCOS MARTINEZ		Vice-President Name OTTO MARCOS MARTINEZ		
Street Address 34 MARYLAND STREET 2ND FL		Street Address 34 MARYLAND STREET 2ND FL		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI
Secretary Name		Treasurer Name		
Street Address		Street Address		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		500	STK	0.001
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. <i>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.</i>				
Name of Authorized Representative OTTO MARCOS MARTINEZ			Date 04/24/2020	
Signature of Authorized Representative <div style="text-align: center;">SIGN DOCUMENT HERE</div>				