



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

FILED

JUN 11 2020

83691/8381

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 52380		2. Exact name of the Corporation CUMBERLAND HILL AUTO SALES & SERVICE, INC.			
3. Principal Office Address 4084 Mendon Road		City Cumberland		State RI	Zip 02864
4. NAICS Code 44120		6. Brief description of the character of business conducted in Rhode Island Used vehicle sales and service			
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 Karim Mnayarji		Vice-President Name Eva Mnayarji			
Street Address 10 Riata Drive		Street Address 10 Riata Drive			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Eva Mnayarji		Treasurer Name Karim Mnayarji			
Street Address 10 Riata Drive		Street Address 10 Riata Drive			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Karim Mnayarji		Director Name Eva Mnayarji			
Street Address 10 Riata Drive		Street Address 10 Riata Drive			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865*100*
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
		100		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. <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 Karim Mnayarji, President					Date 1-14-2020
Signature of Authorized Representative 					