



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

**MAIL TO:**  
 Division of Business Services  
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