



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

FILED

JUL 08 2020

BY *[Signature]*

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 000561771		2. Exact name of the Corporation LOS ROSARIOS AUTO REPAIR INC			
3. Principal Office Address 36 NEWPORT AVENUE			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island GENERAL MECHANIC AUTO REPAIR			
5. State of Incorporation RHO ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JUAN ROSARIO			Vice-President Name JUAN ROSARIO		
Street Address 859 BROAD STREET 2ND FL			Street Address 859 BROAD STREET 2ND FL		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			500	STK	0.010
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 JUAN ROSARIO				Date 06/21/2020	
Signature of Authorized Representative <i>[Signature]</i>			SIGN DOCUMENT HERE		