RI SOS Filing Number: 202190394640 Date: 2/5/2021 4:00:00 PM

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

Annual Report for the year 2021
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
FEB 05 2021
BY JJ2 DS

1. Entity ID Number	2. Exact name of the Corporation			
907703	G & H VEHICLE REPAIR, INC.			
3. Principal Office Address		City	State	Zip
433 Broadway		Pawtucket	RI	02860
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
81 - Other Services (except Pul	REPAIR OF MOTOR VEHICLES AND ALL MATTERS RELATED THERETO			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Eugene Aguiar			Vice-President Name: Vacant		
Street Address: 139 Mill Street			Street Address		
City: Cumberland	State: RI	Zip: 02864	City	State	Zip
Secretary Name: Eugene Aguiar			Treasurer Name: Eugene Aguiar		
Street Address: 139 Mill Street			Street Address: 139 Mill Street		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Eugene Aguiar			Director Name		
Street Address: 139 Mill Street			Street Address		
City: Cumberland	State: RI	Zip: 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NO PAR

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.

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.

Name of Authorized Representative	Date
EUGENE AGUIAR	1.28.21

Signature of Authorized Representative: Eugene Aguiar

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017