



State of Rhode Island

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 52380		2. Exact name of the Corporation CUMBERLAND HILL AUTO SALES & SERVICE, INC.		2021 FEB 25 P 4:01	
3. Principal Office Address 4084 Mendon Road			City Cumberland	State RI	Zip 02864
4. NAICS Code 52380 441120		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
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/SFRIES		
			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.					
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 Karim Mnayarji, President					Date 1-12-21
Signature of Authorized Representative					

FILED

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

FEB 25 2021
BY *[Signature]* YNM51
4:01

FORM 630 - Revised: 08/2020