



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.

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1. Entity ID Number 75995		2. Exact name of the Corporation P&J Auto Sales, Inc.					
3. Principal Office Address 550 Prairie Avenue			City Providence	State RI	Zip 02905		
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island All phases of the automobile industry					
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 Maria M. Moniz			Vice-President Name Manuel FERreira				
Street Address 217 Vincent Street			Street Address 162 James Street				
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914		
Secretary Name Maria M. Moniz			Treasurer Name Manuel Ferreira				
Street Address 217 Vincent Street			Street Address 162 James Street				
City East providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914		
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
Director Name Maria M. Moniz			Director Name Manuel Ferreira				
Street Address 217 Vincent Street			Street Address 162 James Street				
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914		
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		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 Maria M. Moniz						Date 3-19-21	
Signature of Authorized Representative <i>Maria M. Moniz</i>						FILED ^e	

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

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