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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BUS SVCS DIV
2021 JUN 21 P 3:55

1. Entity ID Number	2. Exact name of the Corporation		
140548	Max Auto & Truck Repair Inc		
3. Principal Office Address	City	State	Zip
252 Manton Ave	Providence	RI	02909
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
811111	Used Car Sales & Repair		
5. State of Incorporation			
RI			

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

President Name			Vice-President Name		
Anulfo Tejada			Betty Tejada		
Street Address			Street Address		
22 Gilbert Street Drive			Same		
City	State	Zip	City	State	Zip
East Greenwich	RI	02818			
Secretary Name			Treasurer Name		
Betty Tejada			Anulfo Tejada		
Street Address			Street Address		
Same			Same		
City	State	Zip	City	State	Zip

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

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

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
200		0.0

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
Anulfo Tejada	6-21-21

Signature of Authorized Representative

FILED
JUN 21 2021
BY [illegible] 3:55

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: 08/2020