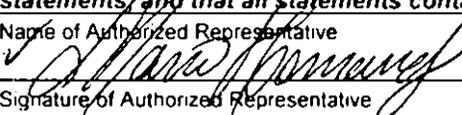


State of Rhode Island  
 Department of State - Business Services Division

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.

**FILED**  
 JUL 08 2021  
 BY 6849 DS

1. Entity ID Number 000161646		2. Exact name of the Corporation M & G AUTO BODY, INC.			
3. Principal Office Address 519 BROADWAY			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 811120		6. Brief description of the character of business conducted in Rhode Island AUTO BODY REPAIR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name MARIO HERNANDEZ			Vice-President Name STMT		
Street Address 137 BAGLEY STREET			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Secretary Name ROGELIO DIAZ			Treasurer Name MARIO HERNANDEZ		
Street Address 41 WEST COLE STREET			Street Address 137 BAGLEY STREET		
City PAWTUCKET	State RI	Zip 02860	City CENTRAL FALLS	State RI	Zip 02863
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		STK	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. <b>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.</b>					
Name of Authorized Representative 					Date 7-1-21
Signature of Authorized Representative MARIO HERNANDEZ					

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