



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

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1. Entity ID Number 000008905		2. Exact name of the Corporation Galinda's Automotive Service, Inc.			
3. Principal Office Address 94 Broad Street			City Cumberland	State RI	Zip 02864
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island General Auto Repair 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 Jose A. Fonseca			Vice-President Name Michael N. Fonseca		
Street Address 24 Pequot Avenue			Street Address 24 Pequot Avenue		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Michael N. Fonseca			Treasurer Name Jose A. Fonseca		
Street Address 24 Pequot Avenue			Street Address 24 Pequot Avenue		
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 <input type="checkbox"/>					
Director Name Jose A. Fonseca			Director Name Michael N. Fonseca		
Street Address 24 Pequot Avenue			Street Address 24 Pequot Avenue		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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
		100		CNP	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 Jose A. Fonseca					Date 12-21-2021
Signature of Authorized Representative <i>Jose A. Fonseca</i>					FILED

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