



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

FILED
JAN 25 2023
 BY 17814
DS

1. Entity ID Number 000045950		2. Exact name of the Corporation L & J AUTO, INC.			
3. Principal Office Address 721 MENDON ROAD			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island MOTOR VEHICLE REPAIRS 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 ILIDIO VARGAS			Vice-President Name ISABEL VARGAS		
Street Address 915 ARMISTICE BOULEVARD			Street Address 915 ARMISTICE BOULEVARD		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name ILIDIO VARGAS			Treasurer Name ILIDIO VARGAS		
Street Address SEE ABOVE			Street Address SEE ABOVE		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ILIDIO VARGAS			Director Name ISABEL VARGAS		
Street Address SEE ABOVE			Street Address SEE ABOVE		
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 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
		200		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 ILIDIO VARGAS				Date 1/18/23	
Signature of Authorized Representative					

MAIL TO:
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 Website: www.sos.ri.gov