



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS. SVCS DIV.

2023 JAN 27 P 3:14

1. Entity ID Number 000118517		2. Exact name of the Corporation M&S TECHNICIANS INC.										
3. Principal Office Address 612 TAUNTON AVE		City EAST PROVIDENCE	State RI									
		Zip 02914										
4. NAICS Code 447190	6. Brief description of the character of business conducted in Rhode Island AUTO REPAIRS AND GASOLINE SALE											
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 SAMER ELALAMI		Vice-President Name MAJDI H MUNIR										
Street Address 612 TAUNTON AVE		Street Address 612 TAUNTON AVE										
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI									
Secretary Name MAJDI H MUNIR		Treasurer Name SAMER ELALAMI										
Street Address 612 TAUNTON AVE		Street Address 612 TAUNTON AVE										
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name SAMER ELALAMI		Director Name MAJDI H MUNIR										
Street Address 612 TAUNTON AVE		Street Address 612 TAUNTON AVE										
City EAST PROVIDENCE	State RI	City EAST PROVIDENCE	State RI									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
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 <input type="checkbox"/>										
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>STK</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	STK	0.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1000	STK	0.00										
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 MAJDI H MUNIR		Date 1/25/2023										
Signature of Authorized Representative 												

FILED

MAIL TO:

Division of Business Services

148 W. Rivor Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 27 2023

BY JHC3

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FORM 630 - Revised: 11/2021