

State of Rhode Island
 Department of State - Business Services Division

FILED

Annual Report for the year: 2023
 Corporation

FEB 27 2023
 BY 3918
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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

| | | | | | | | |
|--|--|--|--|-------------------|--------------|-----------------|--------------------------|
| 1 Entity ID Number 001666411 | | 2 Exact name of the Corporation HERNANDEZ AUTO SALES, INC. | | | | | |
| 3. Principal Office Address 610 WEEDEN STREET | | | | City PAWTUCKET | | State RI | Zip 02860 |
| 4. NAICS Code 441120 | | 6. Brief description of the character of business conducted in Rhode Island CAR SALES | | | | | |
| 5 State of Incorporation RI | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | | | <input type="checkbox"/> |
| President Name | | | Vice-President Name | | | | |
| Street Address | | | Street Address | | | | |
| City | | State | Zip | City | | State | Zip |
| Secretary Name | | | Treasurer Name | | | | |
| Street Address | | | Street Address | | | | |
| 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 | | | 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 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 | | NA PAR | | |
| 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 <i>Mario Hernandez</i> | | | | | | Date 2-21-23 | |
| Signature of Authorized Representative MARIO HERNANDEZ | | | | | | | |

MAIL TO:
 Division of Business Services
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