



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.

FILED STAMP
 MAR 01 2023
 BY 2266
 FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number 001669193		2. Exact name of the Corporation Souza and Sons Automotive Specialists, Inc.			
3. Principal Office Address 251 Massasoit Avenue		City East Providence		State RI	Zip 02914
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Automotive repair and service			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Todd Souza		Vice-President Name			
Street Address 51 Winsor Street		Street Address			
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Todd Souza		Treasurer Name Todd Souza			
Street Address 51 Winsor Street		Street Address 51 Winsor Street			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Todd Souza		Director Name			
Street Address 51 Winsor Street		Street Address			
City East Providence	State RI	Zip 02914	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		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 Todd Souza				Date 2-27-2023	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov