



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2023**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

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MAR 31 2023

7073 MAR 31 12:03

1. Entity ID Number 000024963		2. Exact name of the Corporation TONY LUIS AUTO SALES & SERVICE, INC.									
3. Principal Office Address 110 Dexter Street			City Cumberland	State RI	Zip 02864						
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island to operate an automotive repair business									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Isabel DaSilva			Vice-President Name Maria Luis								
Street Address 64 Meadowcrest Drive			Street Address 64 Meadowcrest Drive								
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864						
Secretary Name Isabel DaSilva			Treasurer Name Edward DaSilva								
Street Address 64 Meadowcrest Drive			Street Address 64 Meadowcrest Drive								
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 Isabel DaSilva			Director Name Maria Luis								
Street Address 64 Meadowcrest Drive			Street Address 64 Meadowcrest Drive								
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864						
Director Name None			Director Name None								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 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.			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>600</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	Common	No Par Value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
600	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 Isabel DaSilva				Date 2-23-2023							
Signature of Authorized Representative <i>Isabel DaSilva</i>				SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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MAR 31 2023

3Y ML 10673

FORM 630 - Revised: 10/2017