



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.

MAR 31 2023

STAMP

45679

FOR

1. Entity ID Number 000007950		2. Exact name of the Corporation MARTIN & SON AUTO SALVAGE, INC.	
3. Principal Office Address Westerly-Bradford Road		City Westerly	State RI
		Zip 02891	
4. NAICS Code 441310	6. Brief description of the character of business conducted in Rhode Island Auto salvage, retail and wholesale of used cars and all things incidental thereto		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Robert E. Martin, Jr.		Vice-President Name Barbara L. Martin	
Street Address 16 Anglewood Avenue		Street Address 16 Anglewood Avenue /	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Barbara L. Martin		Treasurer Name Barbara L. Martin	
Street Address 16 Anglewood Avenue		Street Address 16 Anglewood Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Robert E. Martin, Jr.		Director Name Barbara L. Martin	
Street Address 16 Anglewood Avenue		Street Address 16 Anglewood Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		300	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 BARBARA L. MARTIN		Date 3/29/23	
Signature of Authorized Representative <i>Barbara L. Martin</i>			

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov