



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) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02919	City Johnston	State RI	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	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02919	City Johnston	State RI	Zip 02919
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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"/>					
NUMBER OF SHARES		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

FORM 630 - Revised: 2/2023