RI SOS Filing Number: 202332646770 Date: 4/10/2023 4:00:00 PM

VALLY 03/14/2023 11 26 AM

State of Rhode Island

Department of State - Business Services Division

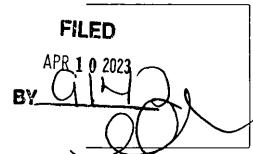
Annual Report for the year: 2023

2023

→ Filing period February 1 - May 1

→ Filing Fee: \$50 00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



	_						X		
Entity ID Number 2. Exact name of the Corporation									
000363014	VALLY A	JTO	SERVICE,	INC.					
3. Principal Office Address				City			State	Zip	
517 WARREN AVENUE				EAST		RI	02914		
NAICS Code 6. Brief description of the character of but									
811110].								
5. State of Incorporation	1								
RI	AUTO REI	AUTO REPAIRS							
7 List ALL officers (names and addresses) Check the box to indicate an attachment								ate an attachment	
President Name					Vice-President Name				
PATRICIO PINTO									
Street Address				Street Address					
517 WARREN AVE									
City	State	Zip)	City		State		Zıp	
EAST PROVIDENCE	RI _		2914						
Secretary Name				Treasurer Name					
Street Address				Street Address					
City	State	Zıp)	City	у			Zıp	
8. List ALL directors (names and addresses) Check the box to indicate an attachment									
Director Name				Director Name					
Street Address				Street Address					
City	State Zip		<u> </u>	City		State		Zip	
Director Name				Director Name					
Street Address				Street Address					
City	State	Zip		City		State		Zıp	
9 Shares Authorized			10. Shares Issued		Che	ck the box	k to indica	ate an attachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERII	CLASS/SFRIES		PAR VALUE	
Changes require an additional filing.				<u> </u>					
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									
Kotiae Kint								-14-23	
Signature of Authorized Representative									
PATRICIO PINTO									

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri gov