



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.

RECEIVED
R.I. DEPT. OF STATE

1. Entity ID Number 000396613		2. Exact name of the Corporation EDGAR TRUCK REPAIR INC		2023 JUN 14 A 10:56	
3. Principal Office Address 277 A SCITUATE AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island TRUCK GENERAL REPAIR			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name CAROLINE MENDEZ			Vice-President Name EDGAR MOTA GAMEZ		
Street Address 1570 PLAINFIELD PIKE			Street Address 1570 PLAINFIELD PIKE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02919
Secretary Name CAROLINE MENDEZ			Treasurer Name EDGAR MOTA GAMEZ		
Street Address 1570 PLAINFIELD PIKE			Street Address 1570 PLAINFIELD PIKE		
City CRANSTON	State RI	Zip 02919	City CRANSTON	State RI	Zip 02919
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	City	State	Zip
Director Name			Director Name		
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 ☐					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		STK		0.00	
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 CAROLINE MENDEZ				Date 03/15/2023	
Signature of Authorized Representative 				FILED JUN 14 2023	