



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

RECEIVED
 DEPARTMENT OF STATE

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 JUN 14 4 10 55

1. Entity ID Number 001730670		2. Exact name of the Corporation LOS ROSARIOS AUTO REPAIR AND TOWING INC			
3. Principal Office Address 36 NEWPORT AVENUE		City PWTUCKET		State RI	Zip 02861
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island GENERAL AUTO REPAIR AND TOWING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAIRON SOTO			Vice-President Name JAIRON SOTO		
Street Address 35 HYDE STREET			Street Address 35 HYDE STREET		
City CENTRAL FALLS	State RI	Zip 02860	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			500	STK	0.0010
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 JAIRON SOTO				Date 04/15/2023	
Signature of Authorized Representative 					

FILED

JUN 14 2023
 BY ML 1290