



**State of Rhode Island  
Department of State - Business Services Division**

**STAMP**

Annual Report for the year: 2023  
Corporation

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R.I. DEPT. OF STATE  
BUS SVCS DIV

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

2024 JAN 16 P 1:18

1. Entity ID Number <b>001691446</b>	2. Exact name of the Corporation <b>ALASKA AUTO REPAIR INC</b>	
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3. Principal Office Address <b>19 CROSS ST</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
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4. NAICS Code <b>811111</b>	6. Brief description of the character of business conducted in Rhode Island <b>AUTO REPAIR AND USED AUTO SALES. TITLE: 7-1.2</b>
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5. State of Incorporation <b>RI</b>	
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>BERNARDO M BAUTISTA</b>			Vice-President Name		
Street Address <b>4 BLADWIN ST APT 1L</b>			Street Address		
City <b>PAWTUCKET,</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
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

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

This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1,000	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 <b>Bernardo Bautista</b>	Date <b>1/16/2024</b>
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Signature of Authorized Representative <b>Bernardo Bautista</b>	FILED 1:19
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MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY TBK/vg *ps*