



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024

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 FOR
R.I. DEPT. OF STATE
BUS SVCS DIV

2024 JAN 22 1 35

1. Entity ID Number <u>000106431</u>		2. Exact name of the Corporation <u>R TETO MOTOR SALES INC</u>	
3. Principal Office Address <u>31 Congress St</u>		City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>			
4. NAICS Code <u>441100</u>	6. Brief description of the character of business conducted in Rhode Island <u>PURCHASE and RE-SALE OF Automobiles</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Hever Juarez</u>		Vice-President Name	
Street Address <u>47 Brooks St</u>		Street Address	
City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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	
Director Name		Director Name	
Street Address		Street Address	
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.		NUMBER OF SHARES <u>600</u>	CLASS/SERIES <u>CNP</u>
Changes require an additional filing.			PAR VALUF <u>0.0</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 <u>Hever Juarez</u>		Date <u>1/22/2024</u>	
Signature of Authorized Representative <u>Hever Juarez</u>		FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 22 2024
BY 916SD