



State of Rhode Island
Department of State - Business Services Division

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.

FILED

JAN 24 2024

F.Y.

1. Entity ID Number 000071286		2. Exact name of the Corporation JOSEPH BORGES, INC.	
3. Principal Office Address 830 LONSDALE AVENUE		City CENTRAL FALLS	State RI
		Zip 02863	
4. NAICS Code 811111	6. Brief description of the character of business conducted in Rhode Island MOTOR VEHICLE REPAIRS, SERVICE AND SALES		
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 JOSEPH BORGES		Vice-President Name MARIA BORGES	
Street Address 830 LONSDALE AVENUE		Street Address 830 LONSDALE AVENUE	
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS
Secretary Name JOSEPH BORGES		Treasurer Name JOSEPH BORGES	
Street Address SEE ABOVE		Street Address SEE ABOVE	
City	State	Zip	City
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JOSEPH BORGES		Director Name MARIA BORGES	
Street Address SEE ABOVE		Street Address SEE ABOVE	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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	
		100	COMMON
			NO PAR VALUE
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 JOSEPH BORGES			Date 1/24/24
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov