



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. 2024
[Handwritten signature]

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	State RI	Zip 02863
Secretary Name JOSEPH BORGES			Treasurer Name JOSEPH BORGES		
Street Address SEE ABOVE			Street Address SEE ABOVE		
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 JOSEPH BORGES			Director Name MARIA BORGES		
Street Address SEE ABOVE			Street Address SEE ABOVE		
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	
		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 <i>[Handwritten signature]</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov