RI SOS Fili	ing Number: 2	02444997010	Date: 1/2	6/2024 4:00:00 F	'М _		<del>.</del>	
Department of State - Business Services D  Annual Report for the year:  Corporation  → Filing period: February 1 - May 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by May 31.  1. Entity ID Number  2. Exact name of the Corporation  John Ruggiero's Auto			JAN 26 2024 BY					
3. Principal Office Address 429 Waterman Avenue			City East Prov		State RI		Zip 02914	
4. NAICS Code 811111 5. State of Incorporation RI	· ·	6. Brief description of the character of business conducted in Rhode Island To engage in the repair and service of automobiles						
7. List ALL officers (names and President Name	•		Tylina Drasidani		e box to in	ndicate a	n attachment	
John Ruggiero			Vice-President Name John Ruggiero					
Street Address 32 Danforth Street			Street Address 32 Danforth Street					
<sup>City</sup> Rehoboth	State MA	<sup>Zip</sup> 02769	City Rehobo	oth	State MA	4	<sup>Zip</sup> 02769	
Secretary Name John Ruggiero			Treasurer Nan	Treasurer Name John Ruggiero				
Street Address 32 Danforth Street			Street Address 32 Danforth Street					
<sup>City</sup> Rehoboth	State MA	<sup>Zip</sup> 02769	City Rehobo		State MA	A	<sup>Zıp</sup> 02769	
8. List ALL directors (names and	d addresses)		<del></del>	Check th	ne box to in	ndicate a	an attachment	
Director Name None			Director Name	Director Name None				
Street Address			Street Address					
City	State	Zip	City		State		Zıp	
Director Name None			Director Name None					
Street Address			Street Address					
City	State	Ζιρ	City		State	State Zip		
9. Shares Authorized		10. Shares Issue		Check the box to indicate an at				
This information is currently of record in the Department of State.		NUMBER OF S	SHARES	CLASS/SERIES  Common		No Par Value		
Changes require an additional filing.								

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

John Ruggiero

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

Date