



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.

STAMP

1. Entity ID Number 000045950		2. Exact name of the Corporation L & J AUTO, INC.												
3. Principal Office Address 721 MENDON ROAD			City CUMBERLAND	State RI	Zip 02864									
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island MOTOR VEHICLE REPAIRS AND SERVICE												
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 ILIDIO VARGAS			Vice-President Name ISABEL VARGAS											
Street Address 915 ARMISTICE BLVD			Street Address 915 ARMISTICE BLVD											
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861									
Secretary Name ILIDIO VARGAS			Treasurer Name ILIDIO VARGAS											
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 ILIDIO VARGAS			Director Name ISABEL VARGAS											
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	COMMON	NO PAR VALUE			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		200	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 ILIDIO VARGAS				Date JANUARY 22, 2023										
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

FILED
JAN 30 2024
BY 18083