



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. | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | |
| | | | 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