



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.

REC'D RHODES BSD  
24 JAN 31 AM 9:14:03

1. Entity ID Number 000164705		2. Exact name of the Corporation R & S, INC.			
3. Principal Office Address 685 WARWICK AVENUE		City WARWICK		State RI	Zip 02886
4. NAICS Code 811111	6. Brief description of the character of business conducted in Rhode Island TO OPERATE A CAR SERVICE REPAIR FACILITY				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ROBERT ROTONDO			Vice-President Name		
Street Address 685 WARWICK AVE			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name ROBERT ROTONDO			Treasurer Name		
Street Address 685 WARWICK AVE			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 2000	CLASS SERIES	PAY VALUE 0.010
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. <b>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.</b>					
Name of Authorized Representative Robert Rotondo				Date 1/31/2024	
Signature of Authorized Representative Robert Rotondo				FILED	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

9:17 JAN 31 2024  
BY ML DWHVI