State of Rhode Island
Department of State - Business Services Division

MAR 01 2024

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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.

1. Entity ID Number	2. Exact name of the Corporation			
62503	MOE'S AUTO SALES AND SERVICE, INC.			
3. Principal Office Address		City	State	Zip
19-21 Benefit St.		Pawtucket	RI	02861
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
336111	Repair and sales of automobiles and trucks and all other activities allowed by law.			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Victor M. Lopes	19-21 Benefit St.	Pawtucket	RI	02861

Vice-President Name	Street Address	City	State	Zip
Shirley A. Lopes	19-21 Benefit St.	Pawtucket	RI	02861

Secretary Name	Street Address	City	State	Zip
Shirley A. Lopes	19-21 Benefit St.	Pawtucket	RI	02861

Treasurer Name	Street Address	City	State	Zip
Victor M. Lopes	19-21 Benefit St.	Pawtucket	RI	02861

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	Common	$100

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	Date
Victor M. Lopes	2/10/24

Signature of Authorized Representative

Victor M. Lopes

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov