



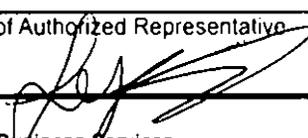
State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023

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 RIDGOS BSD  
24 MAR 18 AM 11:33:57

1. Entity ID Number <b>001681712</b>		2. Exact name of the Corporation <b>MANNY AND SON AUTO REPAIR INC</b>			
3. Principal Office Address <b>391 DYER AVENUE</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>81111</b>		6. Brief description of the character of business conducted in Rhode Island <b>AUTO REPAIR</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SEBASTIAN NAZ NIMAJA</b>			Vice-President Name		
Street Address <b>101 PRUDENCE AVENUE</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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		10. Shares Issued <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.		NUMBER OF SHARES		CLASS/SFR FS	PAR VALUE
		<b>75</b>	<b>CNP</b>	<b>00.00</b>	
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 <b>SEBASTIAN NAZ NIMAJA</b>					Date <b>03/18/2024</b>
Signature of Authorized Representative 					<b>FILED 1134</b> <b>MAR 18 2024</b> <b>BY R7Q95</b>

MAIL TO:  
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