



**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 RI SOS-BSO  
24 APR 4 PM 1:56:33

1. Entity ID Number <b>000075995</b>		2. Exact name of the Corporation <b>P&amp;J Auto Sales, INC.</b>			
3. Principal Office Address <b>550 PRAIRIE AV</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02905</b>
4. NAICS Code <b>811111</b>		6. Brief description of the character of business conducted in Rhode Island <b>All phases of the automobile industry.</b>			
5. State of Incorporation <b>RI</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>Maria M. Moniz</b>			Vice-President Name <b>Manuel Ferreira</b>		
Street Address <b>217 Vincent Street</b>			Street Address <b>162 James Street</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>Maria M. Moniz</b>			Treasurer Name <b>Manuel Ferreira</b>		
Street Address <b>217 Vincent Street</b>			Street Address <b>162 James Street</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Maria M. Moniz</b>			Director Name <b>Manuel Ferreira</b>		
Street Address <b>217 Vincent Street</b>			Street Address <b>162 James Street</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
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 <b>500</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par Value</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>Maria M. Moniz</b>				Date <b>3-2-24</b>	
Signature of Authorized Representative <i>Maria M. Moniz</i>				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

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