RI SOS Filing Number: 202457381570 Date: 6/24/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD '24 JUN 24 PM12:17:08

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			
524819	M & M 1 AUTO REPAIR INC			
3. Principal Office Address		City	State	Zip
96 BLACKSTONE STREET		CENTRAL FALLS	RI	02863
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811111	GENERAL AUTO REPAIR			
5. State of Incorporation				
RHODE ISLAND				

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

President Name			Vice-President Name		
MARIO ANDRADE			RAMIRO YOL		
Street Address			Street Address		
27 MAVIS STREET			209 WEEDEN STREET		
City / State / Zip			City / State / Zip		
PAWTUCKET	RI	0286	PAWTUCKET	RI	02860
Secretary Name			Treasurer Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

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

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 — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	500	STK	0.001
Changes require an additional filing.			

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
RAMIRO YOL	**FILED**	6/16/24
Signature of Authorized Representative	JUN 24 2024	

BY 3812

AR

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

FORM 630- Revised: 12/2023