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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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 <u>001681712</u>		2. Exact name of the Corporation <u>Manny and son Auto Repair, Inc.</u>			
3. Principal Office Address <u>391 Dwy Ave.</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
4. NAICS Code <u>81111</u>		6. Brief description of the character of business conducted in Rhode Island <u>Rhode Island</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Juan Yoabel Rodriguez</u>			Vice-President Name <u>Sebastian Noz Miranda</u>		
Street Address <u>61 Marshall St Providence</u>			Street Address <u>101 Providence Ave.</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
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 <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>75</u>			<u>0.00</u>
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 <u>Juan Yoabel Rodriguez</u>					Date <u>11/15/24</u>
Signature of Authorized Representative <u>Juan Yoabel Rodriguez</u>					NOV 15 2024 <u>KCUPR</u>

MAIL TO:
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Website: www.sos.ri.gov

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