



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.

FILED

JAN 16 2025

BY

1. Entity ID Number 77150		2. Exact name of the Corporation MY CAR, INC			
3. Principal Office Address 1178 ATWOOD AVE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 811111 OTHER SERVIC		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIV REPERT SERVICE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NERSES G DONOYAN			Vice-President Name HOVSEP G DONOYAN		
Street Address 6 MAUSSY BROOK ROAD			Street Address 41 DELLWOOD ROAD		
City MANVIL	State RI	Zip 02838	City CRANSTON	State RI	Zip 02920
Secretary Name HAGOP G DONOYAN			Treasurer Name HAGOP G DONOYAN		
Street Address 34 DELLWOOD ROAD			Street Address 34 DELLWOOD ROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NERSES G DONOYAN			Director Name HOVSEP G DONOYAN		
Street Address 6 MUSSY BROOK ROAD			Street Address 41 DELLWOOD ROAD		
City MANVIL	State RI	Zip 02838	City CRANSTON	State RI	Zip 02920
Director Name HAGOP G DONOYAN			Director Name		
Street Address 34 DELLWOOD ROAD			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 300	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE
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 HAGOP G DONOYAN				Date 1/13/2025	
Signature of Authorized Representative 					