



State of Rhode Island
Department of State - Business Services Division
2025

JAN 21 2025

STAMP

7062

Annual Report for the year:

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 1701008		2. Exact name of the Corporation Catalan Auto And Truck Center, Inc.			
3. Principal Office Address 1045 Cranston Street		City Cranston		State RI	Zip 02920-0000
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island to buy, sell, finance, and service used cars and trucks			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Rolando Catalan			Vice-President Name Rolando Catalan		
Street Address 30 Laura Drive			Street Address 30 Laura Drive		
City Attleboro	State MA	Zip 02703-	City Attleboro	State MA	Zip 02703-
Secretary Name Rolando Catalan			Treasurer Name Rolando Catalan		
Street Address 30 Laura Drive			Street Address 30 Laura Drive		
City Attleboro	State MA	Zip 02703-	City Attleboro	State MA	Zip 02703-
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Rolando Catalan			Director Name none		
Street Address 30 Laura Drive			Street Address none		
City Attleboro	State MA	Zip 02703-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	Common	No Par
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 Rolando Catalan President					Date 1/04/2025
Signature of Authorized Representative					

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