RI SOS Filing Number: 202565354400 Date: 2/11/2025 4:00:00 PM

	State of Rhode Island  Department of State - Business Services Division						IELD	7	
Annual Report for the year: 2025							1 2025	N	
Corporation ————————————————————————————————————							522	٠	
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									
N & C Auto Service, Inc.									
3. Principal Office Address				City	•			Zip	
734 Pontiac Avenue				Cranst		RI		02910	
4 NAICS Code				r of busines	ss conducted in Rhod	e Island			
811111									
5. State of Incorporation									
7. List ALL officers (names and addresses)  Check the box to indicate an attachment									
President Name Nasr Daou					Vice-President Name				
Street Address 100 Friendly Road				Stree: Address					
<u> </u>				City State Zip					
Cranston RI		RI	<sup>Zip</sup> 02910			State			
					Treasurer Name Nasr Daou				
Street Address 100 Friendly Road				Street Address 100 Friendly Road					
City Cranston State		State RI	<sup>Zıp</sup> 02910	City Cranston		S:ate	State RI		
8. List ALL directors (names and addresses)  Check the box to indicate an attack									
Director Name  Director Name									
Street Address				Street Address					
City State		State	Žip	City		State	State Zip		
Director Name	Director Name			Director Name					
				Director (varie)					
Street Address				Stree: Address					
City	State		Zip	City		State	•	Zip	
9. Shares Authorized		10. Shares Issue	ed Cneck thr		I e box to ind	licate an att	lachment 🔲		
This information is currently of record in the Department of State.  Changes require an additional filing.			100 Common		CLASS/SE	RIES	T	PAR VALUE	
					Common	-	0.01		
			_						
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									
Nasr Daou					;	02/07/2025			
Signature of Authorized Representative									
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)								
MAIL TO:									

Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sosin.gov