



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
FEB 14 2025
BY MWoyes

1. Entity ID Number 62503	2. Exact name of the Corporation MOE'S AUTO SALES AND SERVICE, INC.
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3. Principal Office Address 19-21 Benefit St.	City Pawtucket	State RI	Zip 02861
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4. NAICS Code 336111	6. Brief description of the character of business conducted in Rhode Island Repair and sales of automobiles and trucks and all other activities allowed by law.
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Victor M. Lopes			Vice-President Name Shirley A. Lopes		
Street Address 19-21 Benefit St.			Street Address 19-21 Benefit St.		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Shirley A. Lopes			Treasurer Name Victor M. Lopes		
Street Address 19-21 Benefit St.			Street Address 19-21 Benefit St.		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861

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 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"/>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NUMBER OF SHARES</th> <th style="width: 30%;">CLASS/SERIES</th> <th style="width: 40%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1,000</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">\$100</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Common	\$100			
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1,000	Common	\$100								

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 Victor M. Lopes	Date 2/3/25
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Signature of Authorized Representative
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MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov