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. 2. Exact name of the Corporation 000039727 Laires and Son Auto Repair, Inc. 3. Principal Office Address State 158 Waterman Avenue East Providence 02914 RI 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 811111 Automotive repairs and sales 5. State of Incorporation RI 7. List ALL officers (names and addresses) Check the box to indicate an attachment Vice-President Name None President Name Joseph P. Laires Street Address 158 Waterman Avenue Street Address State RI <sup>Zip</sup> 02914 Zip City East Providence Secretary Name Joseph P Laires Treasurer Name Joseph P Laires Street Address 158 Waterman Avenue Street Address 158 Waterman Avenue State RI State RI City East Providence <sup>Zip</sup> 02914 <sup>City</sup> East Providence <del>0</del>2914 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name None Director Name Joseph P Laires Street Address 158 Waterman Avenue Street Address <sup>City</sup> East Providence State RI Zip State <sup>Zip</sup> 02914 Director Name None Director Name None Street Address Street Address City State Zip Citv ZıD. 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES This information is currently of record in the Department of State. 800 No par value Common Changes require an additional filing. 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 Joseph P Laires Signature of Authorized Representative Division of Business Services

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