



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.

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1. Entity ID Number 000039727		2. Exact name of the Corporation Laires and Son Auto Repair, Inc			
3. Principal Office Address 158 Waterman Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Automotive repairs and sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph P. Laires			Vice-President Name None		
Street Address 158 Waterman Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Joseph P Laires			Treasurer Name Joseph P Laires		
Street Address 158 Waterman Avenue			Street Address 158 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph P Laires			Director Name None		
Street Address 158 Waterman Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 800	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 Joseph P Laires					Date 2/7/2025
Signature of Authorized Representative <i>Joseph P. Laires</i>					

FILED

MAR 14 2025

BY 9571 AA.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov