



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.

REC'D 2025 APR 2 2:56:33

1. Entity ID Number 000024963		2. Exact name of the Corporation TONY LUIS AUTO SALES & SERVICE, INC.			
3. Principal Office Address 110 Dexter Street			City Cumberland	State RI	Zip 02864
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island To own and operate a business for the repair and sale of automobiles			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Isabel DaSilva			Vice-President Name Maria Luis		
Street Address 65 Meadowcrest Drive			Street Address 65 Meadowcrest Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Isabel DaSilva			Treasurer Name Edward DaSilva		
Street Address 65 Meadowcrest Drive			Street Address 65 Meadowcrest Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Isabel DaSilva			Director Name Maria Luis		
Street Address 65 Meadowcrest Drive			Street Address 65 Meadowcrest Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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	CLASS/SERIES	PAR VALUE
			600	Common	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 Isabel DaSilva				Date 3-12-2025	
Signature of Authorized Representative 				FILED APR 02 2025 BY 11548 EF	