

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

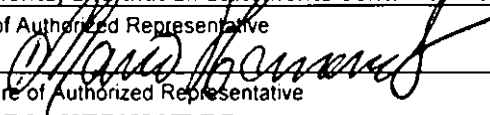
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 11 2025



BY 11992

1. Entity ID Number 000141889		2. Exact name of the Corporation M & G AUTO REPAIR, INC.			
3. Principal Office Address 1063 LONSDALE AVENUE			City CENTRAL FALLS	State RI	Zip 02863
4. NAICS Code 811110	6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation RI	AUTO REPAIR				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/> X
President Name MARIO HERNANDEZ			Vice-President Name GILDA HERNANDEZ STMT		
Street Address 137 BAGLEY STREET			Street Address 137 BAGLEY STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name MARIO HERNANDEZ			Treasurer Name MARIO HERNANDEZ		
Street Address 137 BAGLEY STREET			Street Address 137 BAGLEY STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	CNP	0	
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 4-5-25
Signature of Authorized Representative MARIO HERNANDEZ					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov