



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.

RECEIVED
STATE OF RHODE ISLAND
25 MAY 14 PM 2:14

1. Entity ID Number 001748788		2. Exact name of the Corporation Wally & Sons Auto Shop, Inc.			
3. Principal Office Address 100 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 Automobile repair & replacement shop.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Rasha Abodaheer			Vice-President Name NONE		
Street Address 100 Waterman Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Rasha Abodaheer			Treasurer Name Rasha Abodaheer		
Street Address 100 Waterman Avenue			Street Address 100 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 ☐					
Director Name Rasha Abodaheer			Director Name NONE		
Street Address 100 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 ☐					
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 ☐		
			NUMBER OF SHARES 100	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 Rasha Abodaheer, President				Date 5-2-25	
Signature of Authorized Representative <i>Rasha Abodaheer</i>				FILED	

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

MAY 14 2025

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