



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 RI SOS BSD
25 MAY 27 PM 3:06:21

STAMP

1. Entity ID Number 000075995		2. Exact name of the Corporation P&J Auto Sales, INC.			
3. Principal Office Address 550 Prairie Avenue			City Providence	State RI	Zip 02905
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island All phases of the automobile industry.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Maria M. Moniz			Vice-President Name Manuel Ferreira		
Street Address 217 Vincent Street			Street Address 162 James Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Maria M. Moniz			Treasurer Name Manuel Ferreira		
Street Address 217 Vincent Street			Street Address 162 James Street		
City East Providence	State RI	Zip 02919	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Maria M. Moniz			Director Name Manuel Ferreira		
Street Address 217 Vincent Street			Street Address 162 James Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			500		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 Maria M. Moniz					Date 3-26-25
Signature of Authorized Representative 					

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

FILED

MAY 27 2025
BY **AG472**
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