RI SOS Filing Number: 202574348470 Date: 6/9/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD '25 JUN 9 PM12:55:09

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.

1. Entity ID Number	2. Exact name of the Corporation			
1730670	LOS ROSARIOS AUTO REPAIR & Towing Inc			
3. Principal Office Address		City	State	Zip
36 NEWPORT AVENUE		PAWTUCKET	RI	02860
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811110	GENERAL AUTO REPAIR AND TOWING			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
JAIRON SOTO			SARAH M. SOTO ROSARIO		
Street Address			Street Address		
35 HYDE STREET			35 HYDE STREET		
City	State	Zip	City	State	Zip
PAWTUCKET	RI	02861	PAWTUCKET	RI	02861
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	500	STK	0.0100

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
SARAH M ROSARIO SOTO	FILED	06022025

Signature of Authorized Representative: Sarah M. Rosario

JUN 9 2025

BY 1576

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