



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 RIDOS BSO
 25 JUN 9 PM 12:58 05

1. Entity ID Number 1762320		2. Exact name of the Corporation R&A AUTO REPAIR INC												
3. Principal Office Address 550 VALLEY STREET UNIT B			City PROVIDENCE	State RI	Zip 02908									
4. NAICS Code 811110		6. Brief description of the character of business conducted in Rhode Island GENERAL AUTO REPAIR												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name FELIX R PEREZ ARRIAZA			Vice-President Name ZOHAR A LOPEZ TOLEDO											
Street Address 180 CLEVELAND STREET 1ST FL			Street Address 1138 PLAINFIELD STREET											
City PROVIDENCE	State RI	Zip 02909	City JOHNSTON	State RI	Zip 02919									
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. Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">500</td> <td style="text-align: center;">CNP</td> <td style="text-align: center;">0.0100</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	CNP	0.0100			
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500	CNP	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 RAUL PEREZ				Date 06022025										
Signature of Authorized Representative <i>Raul Perez</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

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