



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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 BUS SVCS DIV

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Annual Report for the year: **2022**  
 Corporation

2022 MAR 21 A 8:55

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000039727</b>		2. Exact name of the Corporation <b>Laires and Son Auto Repair, Inc.</b>			
3. Principal Office Address <b>158 Waterman Avenue</b>		City <b>East Providence</b>		State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>811111</b>		6. Brief description of the character of business conducted in Rhode Island <b>Automotive repair</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Antonio Laires</b>			Vice-President Name <b>Joseph P. Laires</b>		
Street Address <b>158 Waterman Avenue</b>			Street Address <b>158 Waterman Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>Joseph P. Laires</b>			Treasurer Name <b>Antonio Laires</b>		
Street Address <b>158 Waterman Avenue</b>			Street Address <b>158 Waterman Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Antonio Laires</b>			Director Name <b>Joseph P. Laires</b>		
Street Address <b>158 Waterman Avenue</b>			Street Address <b>158 Waterman Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			800		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					
<b>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.</b>					
Name of Authorized Representative <b>Antonio Laires</b>					Date <b>2/26/2022</b>
Signature of Authorized Representative <i>Antonio Laires</i>					FILED
SIGN DOCUMENT HERE					

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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