



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

Annual Report for the year: **2023**
 Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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 FOR
 2023 FEB 22 A 11:40

- 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 000039727		2. Exact name of the Corporation Laires and Son Auto Repair, Inc.			
3. Principal Office Address 158 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 Automotive repair			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Antonio Laires			Vice-President Name Joseph P. Laires		
Street Address 158 Waterman Avenue			Street Address 158 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Joseph P. Laires			Treasurer Name Antonio Laires		
Street Address 158 Waterman Avenue			Street Address 158 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 <input type="checkbox"/>					
Director Name Antonio Laires			Director Name Joseph P. Laires		
Street Address 158 Waterman Avenue			Street Address 158 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VA. UF
		800	Common	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 Antonio Laires				Date	
Signature of Authorized Representative <i>Antonio Laires</i>				SIGN DOCUMENT HERE FILED	

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

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