



State of Rhode Island  
Department of State - Business Services Division

FILED

Annual Report for the year: 2024

APR 09 2024  
BY ML 9114

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 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Antonio Lares			Vice-President Name Joseph P Lares		
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 Lares			Treasurer Name Antonio Lares		
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Antonio Lares			Director Name Joseph P Lares		
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 <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 Antonio Lares					Date 4/5/2024
Signature of Authorized Representative 					

MAIL TO:  
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