

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		me of the Corporation			
80332	A Whee	els, Inc.			
3. Principal office address 648 Killingly Street			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 273-0110			5. State of Incorporation Rhode Island		
Brief description of the	character of busines	s conducted in Rhode Island	d		
The sale and repai	ir of new and us	ed automobiles.			
	(NÁMÉS AND ADDF	RESSES) ("X" BOX FOR A		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
President Name John J. Gosselin			Vice-President Name John J. Gossel		
Street Address			Street Address		
648 Killingly Street			same as above		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name John J. Gosselin			Treasurer Name John J. Gosselin		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
LIST ALL DIRECTORS	S (NAMES AND ADI	DRESSES) ("X" BOX FOR	ATTACHMENT)		
Director Name	<u> </u>		Director Name		
John J. Gosselin					
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
Director Name	<u> </u>		Director Name		
Street Address	- A+=4-4-A+		Street Address		
City	State	Zip	City	State	Zip
····,	Jane		,		I-
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	common	no par value
This report must be exec	ruted on behalf of the this report mu	corporation by an authorize ist be executed on behalf of	od representative. If the factoring the fact	l corporation is in the hand receiver or trustee.	s of a receiver or trustee
File Date	 		this report, includi	erjury, i declare and affi ng any accompanying s ents contained hereig a	chedules and stateme
Check No			The	A Funda	2/18/201
FOR SECRETARY OF STATE USE ONLY			Signature of Authorized Representative Date		
			John J. Gosselin, President		
orm No. 630		MAR 0 6 2015	Print or Type Name	of Authorized Represent	ative
levised: 01/2012		Liftin A A main			