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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FEB 0 6 2017 OV

Annual Report for the year: Corporation

2017

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1

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BY	Ш		

Entity ID Number		me of the Corporatio						
82068	Internat	ional A.B. and Sale	s, Incorporated					
Principal Office Address			City		State	Zip		
126 Tupelo Street		Bristol		RI	02809			
4. NAICS Code		cription of the charac	ter of business con	ducted in Rhode Isla	and			
81 - Other Services (except P	ul To sell au	itomobiles, auto bo	dy ropaire and m	ookaniaal sassissa				
5. State of Incorporation		stomobiles, auto be	oy repairs, and in	echanical repairs				
Rhode Island	ŀ							
7. List ALL officers (names and a	addresses)			Check th	e box to indica	te an attachment		
President Name Antonio J. Cordeiro			Vice-President Na	Vice-President Name Angie M. Cordeiro				
Street Address 67 Varnum Street			Street Address 6	Street Address 67 Varnum Street				
City Bristol	State RI	Zip 02809	City Bristol	****	State RI	Zip 02809		
Secretary Name Angle M. Cordei	ro	<u> </u>	Treasurer Name Antonio J. Cordeiro					
Street Address 67 Varnum Street		Street Address 6	Street Address 67 Varnum Street					
City Bristol	State RI	Zip 02809	City Bristol		State RI	Zip 02809		
3. List ALL directors (names and	addresses)			Check the	e box to indica	te an attachment		
Director Name Antonio J. Cordeiro		Director Name	Director Name Angle M. Cordeiro					
Street Address 67 Varnum Street		Street Address 67 Varnum Street						
Dity Bristol	State RI	Zip 02809	City Bristol		State RI	Zip 02809		
rector Name None		Director Name None						
treet Address			Street Address					
City	State	Zip	City	<u> </u>	State	Zip		
. Shares Authorized		10. Shares Issu	led	Check the	hay to indicat	e an attachment		
his information is currently of rec	nis Information is currently of record in the NUMBER OF S							
Department of State. Changes require an additional filing.		200	ĺ	Common		No Par		
1. This report must be executed	on behalf of the	corporation by an au	thorized represent	ative. If the corporat	ion is in the ha	nds of a receiver o		
ustee, this report must be execunder penalty of perjury, I declar	ted on behalf of	the corporation by the	te receiver or truste	20				
atements, and that all stateme	ents contained	nat i nave examine herein are true and	a τηις report, ιηςια ! correct.	iding any accompa	inying schedu	iles and		
ame of Authorized Representati	ve				Date			
Antonio J. Cordeiro					1-24-14			
gnature of Authorized Represen	tative							
		e jakin kajagin, kinas L	If tubatminer cam					
III. TO:			-					

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov