



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

STAMP

FOR SECRETARY OF STATE USE ONLY

Annual Report for the year: 2019
 Corporation

- 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 000082068	2. Exact name of the Corporation International A.B. and Sales, Incorporated
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3. Principal Office Address 126 Tupelo Street	City Bristol	State RI	Zip 02809
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4. NAICS Code 81110	6. Brief description of the character of business conducted in Rhode Island To sell automobiles, auto body repairs, and mechanical repairs
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Antonio J. Cordeiro			Vice-President Name Angie M. Cordeiro		
Street Address 67 Varnum Street			Street Address 67 Varnum Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Angie M. Cordeiro			Treasurer Name Antonio J. Cordeiro		
Street Address 67 Varnum Street			Street Address 67 Varnum Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonio J. Cordeiro			Director Name Angie Cordeiro		
Street Address 67 Varnum Street			Street Address 67 Varnum Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/ST. RLS	PAR VAL UF
	200	Common	No Par

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 J. Cordeiro	Date 1/23/19
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Signature of Authorized Representative 	SIGN DOCUMENT HERE FILED
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 25 2019
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