RI SOS Filing Number: 202035201500 Date: 2/24/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED STAMP

FEB 24 2020

FOR SECRETARY OF STATE USE ONLY

BY 20291

1. Entity ID Number	2. Exact name of the Corporation
000082068	International A.B. and Sales, Incorporated

3. Principal Office Address	City	State	Zip
126 Tupelo Street	Bristol	RI	02809

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811198 - All other automotive	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 ☐

President Name	Street Address	City	State	Zip
Antonio J. Cordeiro	67 Varnum Street	Bristol	RI	02809

Vice-President Name	Street Address	City	State	Zip
Angie M. Cordeiro	67 Varnum Street	Bristol	RI	02809

Secretary Name	Street Address	City	State	Zip
Angie M. Cordeiro	67 Varnum Street	Bristol	RI	02809

Treasurer Name	Street Address	City	State	Zip
Antonio J. Cordeiro	67 Varnum Street	Bristol	RI	02809

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Antonio J. Cordeiro	67 Varnum Street	Bristol	RI	02809
NONE				

Director Name	Street Address	City	State	Zip
Angie M. Cordeiro	67 Varnum Street	Bristol	RI	02809
NONE				

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
Antonio J. Cordeiro	2/20/20

Signature of Authorized Representative

SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017