



State of Rhode Island  
**Department of State - Business Services Division**

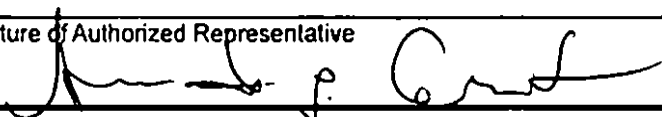
**Annual Report for the year:** 2021  
**Corporation**

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

**FILED**

MAR 24 2021

BY 

1. Entity ID Number 000082068		2. Exact name of the Corporation International A.B. and Sales, Incorporated			
3. Principal Office Address 126 Tupelo Street			City Bristol	State RI	Zip 02809
4. NAICS Code 811198 - All other automoti		6. Brief description of the character of business conducted in Rhode Island To sell automobiles, auto body repair, and mechanical repairs			
5. State of Incorporation Rhode Island					
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 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Antonio J. Cordciro			Director Name Angie M. Cordciro		
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		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	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. <i>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.</i>					
Name of Authorized Representative Antonio J. Cordciro				Date 3-20-2021	
Signature of Authorized Representative 					

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