RI SOS Filing Number: 202222612580 Date: 9/1/2022 4:00:00 PM

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State of Rhode Island Department of State	te - Busines:	s Services Di	vision			
Annual Report for the year: 2022 Corporation			FILED			
→ Filing period: February 1 - May 1			SEP 01 2022			
→ Filing Fee: \$50.00					<u>ئ</u> ۔ ا	
→ Penalty: Additional \$25.00 fe	led by May 31.	8	YY	$^{\prime}$		
1. Entity ID Number 2. Exact name of the Corporation O00082068 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 automotive	Brief description of the character of business conducted in Rhode Island					
5. State of Incorporation Rhode Island	To sell automobiles, auto body repair, and mechanical repairs					
7. List ALL officers (names and add	resses)			eck the box to Indic	ate an attachment 🔲	
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 Stre	treet 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						
Antonio J. Cordeiro			Director 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	
Director Name NONE	actor Name NONE			Director Name NONE		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Shares Authorized This information is currently of record	rd in the	10. Shares Issue NUMBER OF S			ate an attachment PAR VALUE	
Department of State.		200	•	Common No par		
Changes require an additional filing.					,	
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					30-22	
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