



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 7499		2. Name of Corporation SAFEWAY AUTO SALES, INC.			
3. Street Address Principal Business Office 61 Gooding Avenue			City Bristol	State RI	Zip 02809
4. Business Phone No. (401) 253-3433		5. State of Incorporation Rhode Island			6. SIC Code 3335
7. Brief Description of the Character of Business Conducted in Rhode Island SALE OF USED AND NEW MOTOR VEHICLES					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Coelho, Jr.			Vice President Name Celeste Coelho		
Street Address P.O. Box 210, 3 Wendy Drive			Street Address P.O. Box 210, 3 Wendy Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Ryan M. Coelho			Treasurer Name Stephen J. Coelho		
Street Address P.O. Box 210, 3 Wendy Drive			Street Address P.O. Box 210, 3 Wendy Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph Coelho, Jr.			Director Name Celeste Coelho		
Street Address P.O. Box 210, 3 Wendy Drive			Street Address P.O. Box 210, 3 Wendy Drive		
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
10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common No Par Value		1,000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



7 4 9 9

**FILED**

File Date \_\_\_\_\_

Check No. **JAN 22 2008**

By: **BY 14045 mnc**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer \_\_\_\_\_ Date **1/9/08**

**Joseph Coelho, Jr.**

Print or Type Name of Officer

**President**

Title of Officer