

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012Filing Period: January 1 - March 1 - This report must be typed or printed legibly. Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE: 1. Entity ID No. 2. Exact name of the Corporation **BARREIROS AUTO SALES INC.** 40679 3. Principal office address City State 620 SMITHFIELD AVENUE LINCOLN RI 4. Business Phone No. 5. State of Incorporation (401) 722-8138 **RHODE ISLAND** Brief description of the character of business conducted in Rhode Island **USED AUTO SALES DEALER** President Name Vice-President Name **ELIAS BARREIROS DAVID BARREIROS** Street Address Street Address 25 MEADOW SITE DRIVE 11 LAWRENCE LANE Zip **02865** City City State LÍNCOLN 02865 LÍNCOLN RI RI Secretary Name Treasurer Name **ELIAS BARREIROS DAVID BARREIROS** Street Address Street Address 25 MEADOW SITE DRIVE 11 LAWRENCE LANE City State City State 02865 LINCOLN RI LINCOLN RI 02865 ersign phetors while a dropped established Director Name Director Name **ELIAS BARREIROS DAVID BARREIROS** Street Address Street Address 25 MEADOW SITE DRIVE 11 LAWRENCE LANE City State City State LÍNCOLN 02865 LÍNCOLN RΙ 02865 RI Director Name Director Name NONE . Street Address Street Address City State City State OSHAGES SSUEMAN BINE ORATIONATION FOR SAME NUMBER OF SHARES CLASS/SERIES This information is currently of record in the Office of the Secretary 200 SHARES COMMON **NO PAR** of State. Changes require an additional filing. See Section 9 of instruction sheet.

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.



FILED 100 Sunder penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, -Under penalty of perjury, I declare and affirm that I have examined and that all statements contained herein are true and correct.

JUN 2 9 2012

Dugen Signature of Authorized Representative 06/20/2012 Date

**Vice President** 

**DAVID BARREIROS** 

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012

