



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
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing 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. 507138		2. Exact name of the Corporation Route 44 Auto Sales, Inc.			
3. Principal office address 2599 Hartford Avenue		City Johnston	State RI	Zip 02919	
4. Business Phone No. 401-225-9542		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Automobile sales.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Francis A. Fiorenzano			Vice-President Name Thomas Macomber		
Street Address 2599 Hartford Avenue			Street Address 7 Wood Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Thomas Macomber			Treasurer Name Francis A. Fiorenzano		
Street Address 7 Wood Drive			Street Address 2599 Hartford Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Francis A. Fiorenzano			Director Name		
Street Address 2599 Hartford Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name Thomas Macomber			Director Name		
Street Address 7 Wood Drive			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par

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.

File Date _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED
 DEC 21 2012
 1303

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.

Francis A. Fiorenzano 12/17/2012
 Signature of Authorized Representative Date

Francis A. Fiorenzano, President
 Print or Type Name of Authorized Representative