



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 2014

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. 73616		2. Exact name of the Corporation ASTRO AUTO SALES, INC.				
3. Principal office address 60 Tiogue Avenue		City West Warwick	State RI	Zip 02893		
4. Business Phone No. 401-821-1149		5. State of Incorporation Rhode Island				
6. Brief description of the character of business conducted in Rhode Island Retail and wholesale sales of automobiles						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name James Andrade			Vice-President Name Thomas Andrade			
Street Address 60 Tiogue Avenue			Street Address 60 Tiogue Avenue			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893	
Secretary Name Jean M. Cotnoir			Treasurer Name Jean M. Cotnoir			
Street Address 60 Tiogue Avenue			Street Address 60 Tiogue Avenue			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name James Andrade			Director Name Thomas Andrade			
Street Address 60 Tiogue Avenue			Street Address 60 Tiogue Avenue			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893	
Director Name Jean M. Cotnoir			Director Name			
Street Address 60 Tiogue Avenue			Street Address			
City West Warwick	State RI	Zip 02893	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
				1000	common	none

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

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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 Authorized Representative _____ Date _____
James Andrade, President
 Print or Type Name of Authorized Representative