

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.

			ARCH 31 WILL RESU	LT IN A \$25.00 PENA	LTY FEE.
1. Entity ID No.		2. Exact name of the Corporation Ocean State Auto Auction Corp.			
73532	Ocean of	ate Auto Auotio	оогр.		
3. Principal office address 10 Industrial Drive			City Exeter	State RI	Zip 02822
4. Business Phone No. 401-397-2801			5. State of Incorporation Rhode Island		
6. Brief description of the c Motor vehicle aucti		nducted in Rhode Island			
				ANNOTATION OF THE PROPERTY OF	e wine in the property will be a company of the first of the company of the compa
7. LIST ALL OFFICERS (NAMES AND ADDRES	SES) ("X"; BOX FOR AT	TACHMENT) Vice-President Name		
President Name Leo Charles Antonino			Leo Christopher Antonino		
Street Address 1095 Flanders Road			Street Address 1095 Flanders Road		
City Mystic	State CT	Zip 06355	City Mystic	State CT	Zip 06355
Secretary Name Charles Antonino			Treasurer Name Leo Charles Antonino		
Street Address 1 The Strand			Street Address 1095 Flanders Road		
City Waterford	State CT	Zip 06385	City Mystic	State CT	Zip 06355
8. LIST ALL DIRECTORS	(NAMES AND ADDRE	SSES) ("X" BOX FOR A	TTACHMENT)	。 第一章 第一章	
Director Name Leo Charles Antoni	ino		Director Name		
Street Address 1095 Flanders Road	d		Street Address	···	
City Mystic	State CT	Zip 06355	City	State	Zip
Director Name		<u> </u>	Director Name		
Street Address			Street Address		
					-
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED		2 M. Q. A.M. John D. B.	10. SHARES ISSUED		MENT)
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	NO PAR VALUE
This report must be execu	ited on behalf of the cor	rporation by an authorize be executed on behalf of	d representative. If the c	orporation is in the hands	of a receiver or trustee,
	ınıs report müst t	FILED	Under penalty of pe	rjury, I declare and affir	m that I have examined
File Date		this report, including any accombanying schedules and statements and trial all statements obtained herein are true and correct.			
CIDE NO.	A CONTRACT OF THE PARTY OF THE	FEB 2 6 2014			2/11/14
		90034	Signature of Authori		Date
FOR SECRETARY OF	TATE OF SECURITY	· — /	Leo Charles A	ntonino, President	

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative