



**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. <b>41526</b>		2. Exact name of the Corporation <b>Service Auto Sales, Inc.</b>								
3. Principal office address <b>1965 Kingstown Road</b>			City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02879</b>					
4. Business Phone No. <b>401-789-5990</b>			5. State of Incorporation <b>Rhode island</b>							
6. Brief description of the character of business conducted in Rhode Island <b>used automobile sales</b>										
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>										
President Name <b>Craig W. Pierce</b>			Vice-President Name <b>Barbara F. Pierce</b>							
Street Address <b>55 Dillon Avenue</b>			Street Address <b>55 Dillon Avenue</b>							
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>					
Secretary Name <b>Barbara F. Pierce</b>			Treasurer Name <b>Craig W. Pierce</b>							
Street Address <b>55 Dillon Avenue</b>			Street Address <b>55 Dillon Avenue</b>							
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>					
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>										
Director Name <b>Craig W. Pierce</b>			Director Name <b>Barbara F. Pierce</b>							
Street Address <b>55 Dillon Avenue</b>			Street Address <b>55 Dillon Avenue</b>							
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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	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

FEB 23 2014

BY 6340

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

02/22/2014

Date

**Craig W. Pierce, President**

Print or Type Name of Authorized Representative