



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

Form No. 630  
Revised: 01/2012

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