

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. 000003258		2. Exact name of the Corporation C&L AUTO SALES INC.			
3. Principal office address 715 WARWICK AVENUE			City WARWICK	State RI	Zip 02888
4. Business Phone No. 401-780-8600			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island USED CAR SALES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name CLARA AKALARIAN			Vice-President Name VINCENT FERLA		
Street Address 793 NMAQUID DRIVE			Street Address 192 POCAHONTOS		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Secretary Name MIRNA FERLA			Treasurer Name MIRNA FERLA		
Street Address 192 POCAHONTOS			Street Address 192 POCAHONTOS		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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	0

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

JUL 15 2014

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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.

Clara Akalarian
 Signature of Authorized Representative

7/14/14
 Date

CLARA AKALARIAN

Print or Type Name of Authorized Representative