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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 2015

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.	2. Exact name of the Corporation		
67779	GREENVILLE AUTO SALES AND COLLISION, INC.		
3. Principal office address	City	State	Zip
7 AUBURN AVENUE	JOHNSTON	RI	02919
4. Business Phone No.	5. State of Incorporation		
(401) 751-1388	RHODE ISLAND		

6. Brief description of the character of business conducted in Rhode Island
TO PURCHASE, LEASE, SELL AT RETAIL / WHOLESALE VEHICLES AS WELL AS MAINTAIN, REFURBISH AND REPAIR VEHICLES.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
DENISE DIPIPPO	DENISE DIPIPPO
Street Address	Street Address
117 DERBYSHIRE DRIVE	117 DERBYSHIRE DRIVE
City / State / Zip	City / State / Zip
CRANSTON / RI / 02921	CRANSTON / RI / 02921
Secretary Name	Treasurer Name
DENISE DIPIPPO	DENISE DIPIPPO
Street Address	Street Address
117 DERBYSHIRE DRIVE	117 DERBYSHIRE DRIVE
City / State / Zip	City / State / Zip
CRANSTON / RI / 02921	CRANSTON / RI / 02921

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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		

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 _____ **FILED**

Check No _____ DEC 22 2014

By: _____

FOR SECRETARY OF STATE USE ONLY

BY _____

3542

Form No. 630
Revised: 01/2012

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.

Denise DiPippo 12/18/14
Signature of Authorized Representative Date

DENISE DIPIPPO
Print or Type Name of Authorized Representative

114974-9-903887