

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401,222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| iate (R.I.G.L. /-1.2-1301(UGL)) | | | | | |
|---|--|--|--|--|---|
| 1. Corporate ID No. | 2. Name of Corporation AMERICAN AUTO SALES AND AUTO BODY, INC. | | | | |
| 32312 | | AUTO SALES AND | | State | Zip |
| 3. Street Address Principal Business Office 446 Dyer Avenue | | | Cranston | RI | 02920 |
| 4. Business Phone No. 5. State of Incorporation | | | | 11/1 | 02720 |
| 401-946-2900 Rhode Island | | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | |
| Used car dealer | • | | | | |
| 7. NAMES AND ADDRESSES | OF THE OFFICE | RS: ("X" BOX FOR ATT | ACHMENT) 📋 FILL IN | SPACES BEFORE USING | ATTACHMENTS |
| President Name | | | Vice President Name | | |
| Robert Legault | | | Robert Legault | | |
| Street Address | | | Street Address | | |
| 1813 Scituate Avenue | | | 1813 Scituate A | | |
| City | State RI | <i>Ζφ</i> 02831 | City Hope | State RI | 02831 |
| Hope | Ki | | | | |
| Secretary Name | | | Treasurer Name Robert Legault | | |
| Robert Legault Street Address | | | Street Address | | |
| 1813 Scituate Avenue | | | 1813 Scituate Avenue | | |
| City | State | Zip | Chy | State | Ztp |
| Норе | RI | 02831 | Hope | RI | 02831 |
| 8. NAMES AND ADDRESSES | | (4) | • | | |
| Director Name | i ilikurasalausi rurumi rakerakusan remos silasa | на перемира в 18 веродници в доводите в 18 довод в 18 д | Director Name | dere bitakender och kessaur mit in kolen sar i in deka alem forgale kallinfrift buslicat d | m ngadasani kemadanan nabun di Ada sebalah 14-51 hisaki falusi di dibir K |
| | | | | | |
| Street Address | | | Street Address | | |
| | | | <u>:</u> | | |
| City | State | Zip | City | State | Ζip |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | ••••••••••• | | |
| Director Name | | | Director Name | | |
| | | | | | |
| Street Address | | | Street Address | | |
| Otto. | State | Zip | Guy | State | Zip |
| Cuy |) W412 | , . | - Coop | MAIS |) 1 |
| O SHARRS AUTHORIZED C | I X* BOX FOR ATT | I ACHMENT):□ | 10. SHARPS ISSUET | O ("X" BOX FOR ATTACH | IMENTO TO SECURITION |
| 9. Shares authorized : ("X" Box For attachment) Authorized shares | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| - THIRTOR OF GIVEN 65 | | | 1 - course of seconds | | |
| 1,000 NO PAR VALUE | | | 1000 | Common | AND FUTED |
| | | | | CTION MUST BE CO | A CORP 11 A A MINISTER OF THE PERSON OF THE |
| | | | S Catally contain | | |
| This report must be executed | on behalf of the co | rporation by an authorize | ed representative. If the | corporation is in the hands | of a receiver or trustee. |
| this report must be executed o | n behalf of the cor | poration by the receiver | or trustee. | • | |
| - | | | | 1 | • |
| | | *11 FD | | // // | |
| | | FILED | Under nensity of | periusy. I declare and suffern th | nat I have examined this report |
| | | - | including any acc | companying somedules and state | Ements, and that all statement |
| | | JAN 1 6 2015 | contained herein | are true and correct | //- |
| File Date | | yrw J = 3.0 | /// 1/7 | 7000 | 1/9/15 |
| a. prov. acc 464 Co. | | 111 20 | Signature | | Date / |
| Check No. | 34 | 110011 | <i></i> / | olt | ′ / |
| | | 18 | Robert Legau Print or Type Nam | | |
| By | | ::: | | • | |
| FOR SECRETARY OF STAT | E USE ONLY | | President | | |
| | | ··· <u>·</u> : | Title | | Form 630 Rev. 12/06 |