



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.

1. Corporate ID No. 32312		2. Name of Corporation AMERICAN AUTO SALES AND AUTO BODY, INC.			
3. Street Address Principal Business Office 446 Dyer Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-946-2900		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Used car dealer					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert Legault			Vice President Name Robert Legault		
Street Address 1813 Scituate Avenue			Street Address 1813 Scituate Avenue		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name Robert Legault			Treasurer Name Robert Legault		
Street Address 1813 Scituate Avenue			Street Address 1813 Scituate Avenue		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
Par Value			Par Value		
1,000 NO PAR VALUE			Common		
10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares			Class/Series		
Par Value			Par Value		
1000			Common		
THIS SECTION MUST BE COMPLETED					

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.

FILED

JAN 16 2015

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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.

Signature
Robert Legault
Print or Type Name
President
Title

Date 1/9/15

File Date _____
Check No. 31
By _____
FOR SECRETARY OF STATE USE ONLY