



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. 39197		2. Exact name of the Corporation VEADER AUTO GROUP, INC.		
3. Principal office address 706 METACOM AVENUE		City BRISTOL	State RI	Zip 02809
4. Business Phone No. (401) 253-2100		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island OWN AND OPERATE A TOYOTA FRANCHISE AND SELL AND SERVICE NEW AND USED MOTOR VEHICLES.				

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

President Name EDWARD S. VEADER, JR.			Vice-President Name NONE		
Street Address 706 METACOM AVENUE			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Secretary Name JUNE STUART-VEADER			Treasurer Name EDWARD S. VEADER, JR.		
Street Address 706 METACOM AVENUE			Street Address 706 METACOM AVENUE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

Director Name JUNE STUART-VEADER			Director Name EDWARD S. VEADER, JR.		
Street Address 706 METACOM AVENUE			Street Address 706 METACOM AVENUE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name None			Director Name None		
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	No Par Value

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

FEB 04 2015

BY 52787

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.

Edward S. Veader, Jr.
 Signature of Authorized Representative _____ Date _____

EDWARD S. VEADER, JR., President

Print or Type Name of Authorized Representative