



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. 56868		2. Exact name of the Corporation Blackstone Auto Sales & Body, Inc.			
3. Principal office address 12 Ann & Hope Way		City Cumberland	State RI	Zip 02864	
4. Business Phone No. 334-0334		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island AUTO BODY REPAIR, TOWING, LEASING, AUTO SALES AND ALL MATTERS RELATED THERETO					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph I. Ferreira			Vice-President Name Vacant		
Street Address 11 Gladding Drive			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Joseph I. Ferreira			Treasurer Name Robert Yabroudy		
Street Address Same as above			Street Address 2 School Street, Unit 430		
City	State	Zip	City Albion	State RI	Zip 02802
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph I. Ferreira			Director Name		
Street Address Same as above			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) <input type="checkbox"/>		
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
			10	COMMON	NO PAR

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 13 2015

BY 201192

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 of Authorized Representative

01/30/2015

Date

JOSEPH I. FERREIRA

Print or Type Name of Authorized Representative