RI SOS Filing Number: 201556599400 Date: 03/04/2015 4:00 PM

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
52380	**CUMBERLAND HILL AUTO SALES & SERVICE, INC.**

3. Principal office address	City	State	Zip
4084 Mendon Road	**Cumberland**	**RI**	**02864**

4. Business Phone No.	5. State of Incorporation
(401) 658-1731	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Used vehicles sales and service

RECEIVED
2015 MAR -4 PM 3:58
SECRETARY OF STATE
CORPORATIONS DIV

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

President Name	Street Address	City	State	Zip
Karim Mnayarji	**10 Riata Drive**	**Lincoln**	**RI**	**02865**

Vice-President Name	Street Address	City	State	Zip
Eva Mnayarji	**10 Riata Drive**	**Lincoln**	**RI**	**02865**

Secretary Name	Street Address	City	State	Zip
Eva Mnayarji	**10 Riata Drive**	**Lincoln**	**RI**	**02865**

Treasurer Name	Street Address	City	State	Zip
Karim Mnayarji	**10 Riata Drive**	**Lincoln**	**RI**	**0165**

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

Director Name	Street Address	City	State	Zip
Karim Mnayarji	**10 Riata Drive**	**Lincoln**	**RI**	**02865**

Director Name	Street Address	City	State	Zip
Eva Mnayarji	**10 Riata Drive**	**Lincoln**	**RI**	**02865**

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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	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 FILED
Check No 7123
MAR 04 2015
By:
FOR SECRETARY OF STATE USE ONLY BY M243824

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.

01/06/2015
Signature of Authorized Representative — Date

Karim Mnayarji
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
11782275-1027086