



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. 86750		2. Exact name of the Corporation Sousa's Auto Sales and Auto Body, Inc			
3. Principal office address 1442 Newport Ave.		City Pawtucket	State RI	Zip 02861	
4. Business Phone No. 401-725-1933		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Repair and Restoration of Automobiles/Dealing with purchase and sale of used automobiles					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Emanuel Sousa			Vice-President Name Mary Anne Coleman		
Street Address 200 Sherman Ave.			Street Address 2 Lantern Lane		
City Seekonk	State MA	Zip 02771	City Cumberland	State RI	Zip 02864
Secretary Name Joseph J. Sousa			Treasurer Name Emanuel Sousa		
Street Address 22 Perrin Ave.			Street Address 200 Sherman Ave.		
City Pawtucket	State RI	Zip 02861	City Seekonk	State MA	Zip 02771
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Emanuel Sousa			Director Name		
Street Address 200 Sherman Ave			Street Address		
City Seekonk	State MA	Zip 02771	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
			100	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

Form No. 630
Revised: 01/2012

FILED

MAR 13 2015

BY 20324

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

Emanuel Sousa, President

Print or Type Name of Authorized Representative

Date

3/9/15