



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. 504074		2. Exact name of the Corporation Ace Auto Sales, Inc.			
3. Principal office address 580-582 Killingly Street			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-649-0155		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Auto Sales					
President Name Michael D'Aquila			Vice-President Name Randy J. D'Aquila		
Street Address 72 Memorial Avenue			Street Address 72 Memorial Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Raymond D'Aquila			Treasurer Name Raymond D'Aquila		
Street Address 72 Memorial Avenue			Street Address 72 Memorial Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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
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.

FILED

APR 20 2015

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.

BY **FILED**

[Signature] 3/1/15
 Signature of Authorized Representative Date

Michael D'Aquila, President
 Print or Type Name of Authorized Representative

APR 20 2015
 BY **5271 5291**