



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

2016

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. 000793290		2. Exact name of the Corporation Five star Auto sales, inc	
3. Principal office address 1348 Douglas Pike		City Smithfield	State RI
4. Business Phone No. 401-231-2916		Zip 02917	
5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island sales use car.			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Vilma Perez		Vice-President Name Robin Perez	
Street Address 1348 Douglas Pike		Street Address 1348 Douglas Pike	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name None		Treasurer Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		100	
		PAR VALUE	0.01

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

NOV 24 2015

By 2618671

A.A.

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
Vilma Perez

Date
11/24/15

Print or Type Name of Authorized Representative