

1. Entity ID No.

## 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.

2. Exact name of the Corporation

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

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Principal office address     Quaker Lane			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-885-2600			5. State of Incorporation Rhode Island		
Brief description of the charact Auto Sales	ter of business co	onducted in Rhode Islan	d		
LIST <u>ALL</u> OFFICERS (NAME	S AND ADDRES	SES) ("X" BOX FOR A	TTACHMENT)		
President Name Scott Oatley			Vice-President Name Scott Oatley		
Street Address 4430 Post Road U-31C			Street Address 4430 Post Road U-31C		
ity <b>Warwick</b>	State RI	Zip <b>02818</b>	City <b>Warwick</b>	State RI	Zip <b>02818</b>
Secretary Name Scott Oatley			Treasurer Name Scott Oatley		
Street Address 4430 Post Road U-31C			Street Address 4430 Post Road U-31C		
City <b>Warwick</b>	State RI	Zip <b>02818</b>	City <b>Warwick</b>	State <b>Ri</b>	Zip <b>02818</b>
. LIST <u>ALL</u> DIRECTORS (NAM	ES AND ADDRE	SSES) ("X" BOX FOR	· · · · · · · · · · · · · · · · · · ·		
irector Name Scott Oatley			Director Name		
treet Address 4430 Post Road U-31C		T-81-7-8	Street Address		
ity <b>Warwick</b>	State RI	Zip 02818	City	State	Zip
Director Name			Director Name	* · · · · · · · · · · · · · · · · · · ·	<b>3</b>
Street Address			Street Address		
Sity	State	Zip	City	State	Zip D
. SHARES AUTHORIZED			10. SHARES ISSUE	("X" BOX FOR ATTAC	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALVIP
			100	CSA	41 7 7
This report must be executed on		poration by an authorize e executed on behalf of			ds of a receiver or trustee,
File Date		a construction of condition	Under penalty of p	erjury, I declare and aff	irm that I have examined schedules and statements,
Check No	· ·	FILED	and mat an statem	enta contanteu perelli a	re true and correct.
FOR SECRETARY OF STATE USE ONLY  orm No. 630 evised: 01/2012  DEC 23 2015  BY Male 3 924			Signature of Author	ized Representative	Date
	LOT ONLY	1 7 2 7 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1	Scott Oatley		