

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

3 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			IARCH 31 WILL RES	OLT IN A \$25.00 PEN	ALTY FEE.	
1. Entity ID No. 305288	i	2. Exact name of the Corporation Cordeiro Auto Sales, Inc				
3. Principal office address 815 Taunton Avenu	Principal office address 15 Taunton Avenue		City East Providence	State RI	Zip 02914	
. Business Phone No. 401-438-9710			5. State of Incorporation Rhode Island			
5. Brief description of the cauto sales and serv		s conducted in Rhode Island	d			
/,EST/ALS OF HOTHER	NAMES AND ADDE	ESSES) ("X", BOX, FOR A	TTACHMENT)		16 Your Study G	
President Name Robert S. Cordeiro			Vice-President Name Robert S. Cordeiro			
Street Address 270 Capuano Drive) Drive		Street Address 270 Capuano Drive			
City Cranston	State RI	Zip 02920	City Cranston	State Ri	Zip 02920	
Secretary Name Robert S. Cordeiro	•		Treasurer Name Robert S. Cordeiro			
treet Address 270 Capuano Drive		Street Address 270 Capuano Drive				
Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920	
	(NAMES AND ADD	RESSES) ("X" BOX FOR				
Director Name Robert S. Cordeiro			Director Name N/A			
Street Address 270 Capuano Drive			Street Address			
ity Cranston	State RI	Zip 02920	City	State	Zip	
irector Name N/A			Director Name N/A			
treet Address			Street Address			
City	State	Zip	City	State	Zip	
SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
his information is assessed		Office of the County	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary State. Changes require an additional filing. see Section 9 of Instruction sheet.		600	no par	none		
This report must be execut	ted on hehelf of the	corporation by an authoriza	d recesses to the s	and the second of the second		

FILE DATE:		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.		
Check No	DEC 2 8 2015	Signature of Authorized Representative	- /- 20-/5 Date	
FOR SECRETARY OF STATE USE ONLY	DEC 5 0 5012	Robert S. Cordeiro	Date	
drighted and provide a commentation of the comment	リ・ロロンロル・ロン・ロ	Maria a Time Maria at Assault and Democratical		

Form No. 630 Revised: 01/2012