



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 145408		2. Exact name of the Corporation PAVILION AUTO SALES, INC.		
3. Principal office address 1211 Cranston Street		City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 944-6100		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island BUYING AND SELLING OF USED AUTOMOBILES AND OTHER MOTOR VEHICLES OF ANY KIND AND MAKE.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Angelo Moretti		Vice-President Name Maria Moretti		
Street Address 37 Nottingham Drive		Street Address 37 Nottingham Drive		
City Hope	State RI	Zip 02831	City Hope	State RI
Secretary Name Mario Moretti		Treasurer Name Angelo Moretti		
Street Address 10 High Meadow Court		Street Address 37 Nottingham Drive		
City Cranston	State RI	Zip 02920	City Hope	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		600	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.

File Date _____
 Check No. _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 06 2016
 KL 1136

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 Date
ANGELO MORETTI
 Print or Type Name of Authorized Representative