

FOR SECRETARY-OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016 Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2- subject to a penalty fee of \$25.00.	·1501(e), each corporation fi	ailing or refusing to file its ann	ual report within thirty (30) da	rys after the time prescribed by la	พ (R.I.G.L. 7-1.2-1501(c&d)) เ
1. Corporate ID No. 94588	2. Name of Corporation VALENTI'S OF \	WESTERLY, INC.			
3. Street Address Principal Business Office 6 Langworthy Road			City Westerly	State RI	<sup>Zip</sup> 02891
4. Business Phone No. 401-322-7200  5. State of Incorporation Rhode Island					
6. Brief Description of the Character the sale, leasing and/or tra	ding in motor vehicles	\$			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Robert A. Valenti			Vice President Name  William E. Goodwin		
Street Address 6 Langworthy Road			Street Address 6 Langworthy Road		
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly	State RI	<sup>Zip</sup> 02891
Secretary Name Beth V. Goodwin			Treasurer Name Beth Goodwin		
Street Address 6 Langworthy Road			Street Address 6 Langworthy Road		
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly	State RI	<sup>Zip</sup> 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name  Jean W. Morrow			Director Name Robert A. Valenti		
Street Address 6 Langworthy Road			Street Address 6 Langworthy Road		
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly	State RI	<i>Ζψ</i> 02891
Director Name Beth V. Goodwin			Director Name Cheryl V. Quirk		
Street Address 6 Langworthy Road			Street Address 6 Langworthy Road		
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly	State RI	<sup>Zip</sup> 02891
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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 100	Class/Series common	no par value
This report must be executed this report must be executed	on behalf of the corp	poration by an authorize oration by the receiver	d representative. If the cor trustee.	corporation is in the hand	s of a receiver or trustee
		FILED			
		JAN 1 9 20	including any acc	perjury, I declare and affirm ompanying schedules and sta are true and correct.	atements, and that all staten
File Date	B	91- 29	Signany		
Check No	D	1 11 1 1			_

Print or Type Name

Title

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