



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. 5936		2. Exact name of the Corporation D'AGOSTINOS AUTO SALES AND SALVAGE INC.			
3. Principal office address 1174 DOUGLAS AVE			City NORTH PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 401-233-2400		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island SALES OF AUTOS, PARTS, REPAIR AND ANY LEGAL BUSINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ELIAS AYOUB			Vice-President Name CARLO FAKHRI		
Street Address 51 DONNA DRIVE			Street Address 290 PROSPECT STREET		
City CRANSTON	State RI	Zip 02921	City FALL RIVER	State MA	Zip 02720
Secretary Name DOLORES DAGOSTINO			Treasurer Name DOLORES DAGOSTINO		
Street Address 400 NARRAGANSETT PKWY NB5			Street Address 400 NARRAGANSETT PKWY NB5		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DOLORES DAGOSTINO			Director Name		
Street Address 400NARRAGANSETT PKWY NB5			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	PAR VALUE
			100	COM	NO PAR

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 *ov*

JAN 22 2016

BY _____

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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.

ELIAS AYOUB
 Signature of Authorized Representative

01/19/2016

Date

ELIAS AYOUB

Print or Type Name of Authorized Representative