



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. 10135		2. Exact name of the Corporation Sentry Auto Sales, Inc.			
3. Principal office address 988 Putnam Pike			City Chepachet	State RI	Zip 02814
4. Business Phone No. 401-568-2546			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Sales of Autos and Trucks					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael J. Couturier			Vice-President Name		
Street Address 52 Money Hill Rd			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Secretary Name Jo-Ann M. Couturier			Treasurer Name Jo-Ann M. Couturier		
Street Address 107 Cooper Rd			Street Address 107 Cooper Rd		
City Harmony	State RI	Zip 02829	City Harmony	State RI	Zip 02829
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph A. Couturier Jr			Director Name Jo-Ann M. Couturier		
Street Address 107 Cooper Rd			Street Address 107 Cooper Rd		
City Harmony	State RI	Zip 02829	City Harmony	State RI	Zip 02829
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
			8,000	CWP	\$1.00

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

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.

FILED

Signature of Authorized Representative 12/31/2015
 Date

Michael J. Couturier
 Print or Type Name of Authorized Representative

FEB 18 2016
 BY KL 12280