



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. 536907		2. Exact name of the Corporation 44 Auto Concepts, Inc.			
3. Principal office address 200 Putnam Pike		City Johnston	State RI	Zip 02919	
4. Business Phone No. 401-353-6222 401-649-2478		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Auto Body					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Dorina L. D'Ambrosca			Vice-President Name None		
Street Address 33 Stanley Mowry Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name Dorina L. D'Ambrosca			Treasurer Name Dorina L. D'Ambrosca		
Street Address 33 Stanley Mowry Road			Street Address 33 Stanley Mowry Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Dorina L. D'Ambrosca			Director Name None		
Street Address 33 Stanley Mowry Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Director Name None			Director Name None		
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	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

Form No. 630
Revised: 01/2012

FILED
MAR 21 2016
BY **KL 6354**

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.

Dorina L. D'Ambrosca
Signature of Authorized Representative

1-7-16
Date

Dorina L. D'Ambrosca
Print or Type Name of Authorized Representative