

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.	2. Exact na	2. Exact name of the Corporation							
43717	Elmwo	od Auto Group, Ir	nc.						
3. Principal office address 625 Taunton Avenue			City East Providence		State Zip 02914				
4. Business Phone No. 401-438-0700			5. State of Incorporation Rhode Island	5. State of Incorporation Rhode Island					
6. Brief description of the char Provide transportatio									
7. UST ALC OFFICERS (NA	MES AND ADDI	RESSES) ("X" BOX FOR A	TACHMENT)						
President Name Jay L'Archevesque	Vice-President Name Jay L'Archeves	que							
Street Address 625 Taunton Avenue			Street Address 625 Taunton Avenue						
City East Providence	State RI	Zip 02914	City East Providence		tate RI	Zip 02914			
Secretary Name Jay L'Archevesque	•	•	Treasurer Name Jay L'Archeves						
eet Address 25 Taunton Avenue			Street Address 625 Taunton Avenue						
City East Providence	State RI	Zip 02914	City East Providence		tate RI	Zip 02914			
8, LIST ALL DIRECTORS (N	AMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)	Agricani di Arris					
Director Name Jay L'Archevesque			Director Name						
Street Address 625 Taunton Avenue			Street Address						
City East Providence	State RI	Zip 02914	City		tate	Zip			
Director Name			Director Name	•		1			
Street Address			Street Address						
City	State	Zip	City		tate	Zip			
SHARES AUTHORIZED			NUMBER OF SHARES CLASS/SERIES PAR VA						
This information is currently	of record in the	Office of the Secretary			PAR VALUE				
inis information is currently of State. Changes require an See Section 9 of instruction :	additional filing		4615	CON	MON	NONE			
This report must be executed		corporation by an authorize st be executed on behalf of	•	•		s of a receiver or trusted			

-		4		XX X	The same	4	A		f 2020	- 0 - 0 - 0 - 0	the property	
1	132.3	4. A			Market And				300	70. OS.	3 1 1 2 2 miles	A 200
	زه ٠	4.0		254	25 -64	M. Med		es the life.		-	C	SA, MARKET
٠,	- Ph	ю.		e _	200	71.00	4		\$			× 200
	101	6 63	and the	20035	WHEN NAME OF	2000	1.00	- A. C. C.	S. Car. P.	1991 1295 W	# 15 C	
١.,			7.15	400	e energia	W 17 (44.4	11.	E 4. 500	-		
	4	5 Die.	y	M. Z.			***	2000	2000	~~	and the same	~
.'		COME T	200		83.2	213	124	19.45	2.5		Page 10 Page 1	AMA .
1	Lil	nec	- 700	9.8	89.2 T	* V#4	NEO .	ALC: YES	X . ** •	1.78	40 TO 100	XX.
-	1.25	x .	X.7.3		222 11	2.200			114.14	-2	100 mg 1 1 10 1 10 1 10 1 10 1 10 1 10 1	2,000
	1.0	N. Sm.	2.00	100		2	13	4-11-4	or 32, 72,	400		
13.	2000	035	W	11 - X	112	12.	12.7.2	2,12,7	C200	201 200		* #* E
4	(100	Sec.	200	40.2	"美人" "是	1. XX	Sept.	marine.	C. 18. 18. 14	TO THE	Section 1	
£	. ша	8 W	122	2	100	5 W.3	1000	36.00	1.	32.00		445
33		2000	Same.	A4481	198.98	etim vive	V40 36.6	Feb. 1025	All Street	S. P. W. S.	Section of the last	7 25
-	3000	X 10	100		A 10			100		24.6	100 m	5 7 7 8
	200			24				7		24		3 1
		7	7			-	200	5	a manager		ONLY	V
**		313	3 E	·GH	200	1 23		X4 X 1		USE	CHILY	
1	27W.G	6.4.0Kg	A11	we -40	A CONTRACTOR		100 1000	(1-3- 1 com	900	Sec. 35 -47	4-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	70.7

FILED

MAR 28 2016

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that alignstatements contained herein are true and correct.

Signature of Authorized Representative

1 68 1 C

Jay L'Archevesque, President

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012

By # 270957