



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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SECRETARY OF STATE
CORPORATIONS DIV

2016 APR 19 AM 8:57

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
000488187		Rick's Truck and Auto Sales and Repair, Inc.			
3. Principal Office Address			City	State	Zip
19 Dyerville Ave.			Johnston	RI	02919
4. Business Phone Number			5. State of Incorporation		
(401) 351-5914			Rhode Island		
6. Brief description of the character of business conducted in Rhode Island					
Auto sales and repair					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Steven Ricciardelli			Vice-President Name Vincent Ricciardelli		
Street Address 19 Dyerville Ave.			Street Address 296 Putnam Pike		
City Johnston	State RI	Zip 02919	City Harmony	State RI	Zip 02829
Secretary Name Elaine Ricciardelli			Treasurer Name Elaine Ricciardelli		
Street Address 223 Prospect Rd.			Street Address 223 Prospect Rd.		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	0.01
11. 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. 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.					
Name of Authorized Representative Steven Ricciardelli					Date 04/19/2016
Signature of Authorized Representative  SIGN DOCUMENT HERE					

FILED

APR 19 2016

By 212558
A.A.