



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

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 - Amended

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 <u>716285</u> | | 2. Exact name of the Corporation <u>LAKE AUTO SALES INC.</u> | |
| 3. Principal Office Address <u>26 SOCIAL ST</u> | | City <u>PROV.</u> | State <u>R-I</u> |
| 4. Business Phone Number <u>401-455-9889</u> | | 5. State of Incorporation <u>RI</u> | |

6. Brief description of the character of business conducted in Rhode Island
USED CAR SALES

| | | | | | | | | | |
|--|---------------------|---------------------|------|--|-----|--|--|--|--|
| 7. List ALL officers (names and addresses) | | | | Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name <u>DENNIS NOTARGIACOMO</u> | | | | Vice-President Name | | | | | |
| Street Address <u>6 OLIVER ST</u> | | | | Street Address | | | | | |
| City <u>NORTHPROV.</u> | State <u>R-I</u> | Zip <u>02904</u> | City | State | Zip | RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2016 APR 27 PM 12:58 | | | |
| Secretary Name | | | | Treasurer Name | | | | | |
| Street Address | | | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | | | |

| | | | | | | | |
|---|-------|-----|------|--|-----|--|--|
| 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 | | | Check box to indicate an attachment <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 | | | |
| | | | <u>2</u> | | <u>0.01</u> | | | |
| | | | | | | | | |

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 <u>DENNIS NOTARGIACOMO</u> | | Date <u>4/27/16</u> |
| Signature of Authorized Representative <u>Dennis Notargiacomo</u> | | |
| SIGN DOCUMENT HERE | | <u>12:58 pm</u> |

FILED

APR 27 2016

By KM



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

