RI SOS Filing Number: 201611718960 Date: 11/03/2016 10:48 AM

AMENDED

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

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2016 NOV -3 AM 10:48

**Annual Report for the year:** AMENDED
**Corporation**

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 3258 | C & L Auto Sales Inc | | |
| 3. Principal Office Address | City | State | Zip |
| 715 Warwick Ave | Warwick | RI | 02888 |
| 4. Business Phone Number | 5. State of Incorporation | | |
| 780-8600 | RI | | |

6. Brief description of the character of business conducted in Rhode Island
Used Car Dealerer

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| Clara Akalarian | Vincent M. Ferla |
| Street Address: 10 Bellevue Ave PPT 2 | Street Address: 182 Pocahontas Drive |
| City: Warwick State: RI Zip: 02888 | City: Warwick State: RI Zip: 02888 |
| **Secretary Name:** Bonnie Ferla | **Treasurer Name:** Clara Akalarian |
| Street Address: 715 Warwick Ave | Street Address: 10 Bellevue Ave |
| City: Warwick State: RI Zip: 02888 | City: Warwick State: RI Zip: |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |

| 9. Shares Authorized | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **This information is currently of record in the Department of State.** | 100 | Common | Common |
| **Changes require an additional filing.** | | | |

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 | Date |
|---|---|
| Clara A Kalarian | Nov 1st |
| Signature of Authorized Representative: Clara A Akalarian | |

10:48 **FILED**
NOV 03 2016
By

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FORM 630 - Revised: 05/2016

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:

November 03, 2016 10:48 AM

Nellie M. Gorbea
*Secretary of State*

144614-1-1130120