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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

3. Principal Office Address The City Auto SALES, The State		
3. Principal Office Address City City City State	1. Entity ID Number 2. Exact name of the Corporation	
3. Principal Office Address City City City		
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540 HUNTINGTON AVE PROVIDENCE RIS	82907	
4. Business Phone Number: 6. Brief description of the character of business conducted in Rhode Island	w Dio	
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5. State of Incorporation Quito Sales	三二	
RI	MISTA	
7. List ALL officers (names and addresses) Check the box to indicate and	attachment 🔲	
President Name DAVID L. DOWNES DAVID L. DOWNES		
Street Address Samuel Sorton Av Street Address Amuel Sortor	1 Ano	
City Warwick State Zip 2889 City Warwick State RI Zip	02889	
Secretary Name OLGA B. DOWNES Treasurer Name OLGA B. DOWNES		
Street Address Narragansett Pky Street Address Varragansett P	ty	
City Warwick State T Zip ODSES City Janvick State ZI	28 FP	
8. List ALL directors (names and addresses) Check the box to indicate an a	attachment	
DAVID L. DOWNES Director Name Downer		
Street Address Singer Address Warry. Offy		
City 10 01/10/6 State Zip City 1001/18 State Zip	PATER	
1000000 KT 11100000 KT 10	4000	
Director Name Director Name	45008.	
Director Name Director Name Street Address Street Address	45008.	
Dieses Name	<i>u3</i> 008.	
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Street Address City State Zip City State Zip City State Zip Check the box to indicate an a Number of Shares Changes require an additional filing. Changes require an additional filing. Number of Shares Number of Sha	Attachment Pau of a receiver or	
Street Address City State Zip City State Zip City State Zip Check the box to indicate an attempt of record in the Department of State. 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 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 a	Attachment Pau of a receiver or	
Street Address City State Zip City State Zip City State Zip Check the box to indicate an a NUMBER OF SHARES CLASS/SERIES PAR 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 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 a statements, and that all statements contained herein are true and correct.	Attachment Pau of a receiver or	
Street Address City State Zip City State Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an a NUMBER OF SHARES CLASSSERIES PAR Department of State. 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 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 a statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date City State Zip Zi	Attachment Pau of a receiver or	
Street Address City State Zip City State Zip City State Zip Check the box to indicate an a NUMBER OF SHARES CLASS/SERIES PAR 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 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 a statements, and that all statements contained herein are true and correct.	Attachment Pau of a receiver or	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

