



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

Amended

Annual Report for the year: 2016
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 86800		2. Exact name of the Corporation Inner City Auto SALES, INC	
3. Principal Office Address 540 Huntington Ave		City PROVIDENCE	State RI
4. Business Phone Number: 401-467-1061		6. Brief description of the character of business conducted in Rhode Island Auto Sales	
5. State of Incorporation RI		216 NOV - 9 PM 1:15 RECEIVED STATE SECRETARY DIV	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DAVID L. Downes		Vice-President Name DAVID L. Downes	
Street Address 54 Samuel Gorton Ave		Street Address 54 Samuel Gorton Ave	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02889	
Secretary Name OLGA B. Downes		Treasurer Name OLGA B. Downes	
Street Address 651 Narragansett Pky		Street Address 651 Narragansett Pky	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02888	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name DAVID L. Downes		Director Name Olga Downes	
Street Address 54 Samuel Gorton Ave		Street Address 651 Narr. Pky	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02888	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES NO Par
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 Olga Downes		Date 11/9/16	
Signature of Authorized Representative <i>Olga Downes</i>		NOV 09 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:

Nellie M. Gorbea
Secretary of State

