



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

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