



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

Annual Report for the year: 2017
Corporation

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

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2016 DEC -2 AM 11:41

1. Entity ID Number 94221		2. Exact name of the Corporation DiPaolo's United Auto Sales Inc.			
3. Principal Office Address 274 Montford Ave.		City Providence	State RI	Zip 02919	
4. Business Phone Number 401-331-3600		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Auto Sales & Service					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carol DiPaolo			Vice-President Name Carol DiPaolo		
Street Address 6 Christopher Dr.			Street Address 6 Christopher Dr.		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Carol DiPaolo			Treasurer Name Carol DiPaolo		
Street Address 6 Christopher Dr.			Street Address 6 Christopher Dr.		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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					
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 60	CLASS/SERIES	PAR VALUE 0	
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 Carol DiPaolo				Date 11-20-16	
Signature of Authorized Representative Carol DiPaolo				SIGN DOCUMENT HERE	

FILED

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

DEC 02 2016 11:49

By 289919