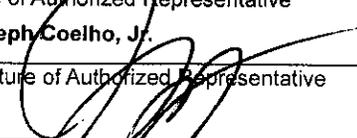




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 7499		2. Exact name of the Corporation Safeway Auto Sales, Inc.			
3. Principal Office Address 61 Gooding Avenue			City Bristol	State Ri	Zip 02809
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island Sale of used and new motor vehicles			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Coelho, Jr.			Vice-President Name Celeste Coelho		
Street Address P.O. Box 210, 3 Wendy Drive			Street Address P.O. Box 210, 3 Wendy Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Ryan M. Coelho			Treasurer Name Stephen J. Coelho		
Street Address 16 Lugent Lane			Street Address 16 Hope Street		
City Bristol	State RI	Zip 02809	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Coelho, Jr.			Director Name Celeste Coelho		
Street Address P.O. Box 210, 3 Wendy Drive			Street Address P.O. Box 210, 3 Wendy Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	Common	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 Joseph Coelho, Jr.					Date 1/7/17
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-2040
 Website: www.sos.ri.gov

FILED *02*

JAN 17 2017

19110