



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2017**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 001099554		2. Exact name of the Corporation Graniteville Auto Sales, Inc.			
3. Principal office address 98 Brown Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-830-5630		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Retail sales of automobiles.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Giovanni D. Conti			Vice-President Name Lisa M. Conti		
Street Address 244 Putnam Pike			Street Address 244 Putnam Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Giovanni D. Conti			Treasurer Name Giovanni D. Conti		
Street Address 244 Putnam Pike			Street Address 244 Putnam Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Giovanni D. Conti			Director Name		
Street Address 244 Putnam Pike			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value
					0.01

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.

File Date
 Checked
 By
FOR SECRETARY OF STATE USE ONLY

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.

FILED *[Signature]* **1/15/17**
 Signature of Authorized Representative Date
Giovanni D. Conti
 Print or Type Name of Authorized Representative

By 1148
KM