



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.

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FEB 3 2017

2017 FEB -3 PM 1:14

1. Entity ID Number <b>90875</b>		2. Exact name of the Corporation <b>STAMAS AUTO &amp; TRUCK CENTER, INC.</b>			
3. Principal Office Address <b>1045 Cranston Street</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>81 - Other Services (except Pul</b>	6. Brief description of the character of business conducted in Rhode Island <b>To own, manage, lease and sell used automobiles and trucks and any other lawful business.</b>				
5. State of Incorporation <b>Rhode Island</b>					
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>Leon G. Stamas</b>			Vice-President Name <b>Leon N. Stamas</b>		
Street Address <b>1045 Cranston Street</b>			Street Address <b>1045 Cranston Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Leon N. Stamas</b>			Treasurer Name <b>Leon G. Stamas</b>		
Street Address <b>1045 Cranston Street</b>			Street Address <b>1045 Cranston Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</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>Leon G. Stamas</b>			Director Name <b>Leon N. Stamas</b>		
Street Address <b>1045 Cranston Street</b>			Street Address <b>1045 Cranston Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			None		
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>Leon G. Stamas, President</b>			Date <b>1-19-17</b>		
Signature of Authorized Representative 			FEB 03 2017		
			BY <u>CA 294967</u>		

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov