



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

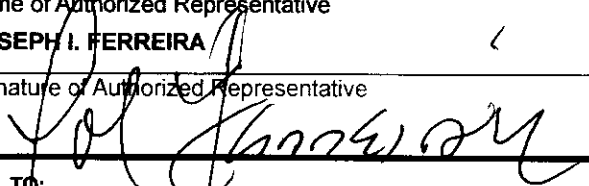
Annual Report for the year: **2017**

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 56868		2. Exact name of the Corporation Blackstone Auto Sales & Body, Inc.			
3. Principal Office Address 12 Ann & Hope Way		City Cumberland		State RI	Zip 02864
4. NAICS Code 81 - Other Services (except Put		6. Brief description of the character of business conducted in Rhode Island AUTO BODY REPAIR, TOWING, LEASING, AUTO SALES AND ALL MATTERS RELATED THERETO			
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 I. Ferreira			Vice-President Name Vacant		
Street Address 11 Gladding Drive			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Joseph I. Ferreira			Treasurer Name Paul Bastein		
Street Address 11 Gladding Drive			Street Address 17 Sneece Pond Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph I. Ferreira			Director Name		
Street Address 11 Gladding Drive			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 10	CLASS/SERIES COMMON	PAR VALUE 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 I. FERREIRA				Date 1/26/2017	
Signature of Authorized Representative 					

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

FILED**FEB 06 2017****BY****204721 DS**

FORM 630 - Revised: 10/2016