RI SOS Filing Number: 201734930920 Date: 2/24/2017 4:00:00 PM

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	2. Exact name of the Corporation
797177	RAINBOW SEDANS, INC.

3. Principal Office Address	City	State	Zip
12 HAZARD STREET	NEWPORT	RI	02840

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
48-49 - Transportation and War	CAR SERVICE
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MAUREEN COTSORIDIS	NONE
Street Address: 12 HAZARD STREET	Street Address:
City: NEWPORT, State: RI, Zip: 02840	City: , State: , Zip:
Secretary Name: MAUREEN COTSORIDIS	Treasurer Name: MAUREEN COTSORIDIS
Street Address: 12 HAZARD STREET	Street Address: 12 HAZARD STREET
City: NEWPORT, State: RI, Zip: 02840	City: NEWPORT, State: RI, Zip: 02840

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
MAUREEN COTSORIDIS	
Street Address: 12 HAZARD STREET	Street Address:
City: NEWPORT, State: RI, Zip: 02840	City: , State: , Zip:
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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	Date
MAUREEN COTSORIDIS	02/05/2017

Signature of Authorized Representative: Maureen Cotsoridis

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 24 2017
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FORM 630 - Revised: 10/2016