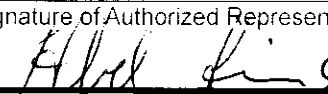


**Department of State - Business Services Division****Annual Report for the year:** 2017**Corporation**

→ 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 <b>528307</b>		2. Exact name of the Corporation <b>LIMA'S AUTO SALES, INC.</b>			
3. Principal Office Address <b>1657 Main Street</b>		City <b>West Warwick</b>		State <b>RI</b>	Zip <b>02893</b>
4. NAICS Code <b>81 - Other Services (except Pub</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sale of new and used cars.</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>Abel A. Lima</b>			Vice-President Name <b>Abel A. Lima</b>		
Street Address <b>1657 Main Street</b>			Street Address <b>1657 Main Street</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>Abel A. Lima</b>			Treasurer Name <b>Abel A. Lima</b>		
Street Address <b>1657 Main Street</b>			Street Address <b>1657 Main Street</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</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>Abel A. Lima</b>			Director Name		
Street Address <b>1657 Main Street</b>			Street Address		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
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		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>100</b>	<b>Common</b>	<b>No Par Value</b>	
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>Abel A. Lima, President</b>				Date <b>2/27 /2017</b>	
Signature of Authorized Representative 				<b>FILED</b> <b>MAR 02 2017</b> <b>14747</b>	

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