6	3	
(4	IJ)	

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2017

Corporation

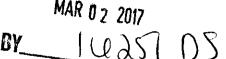
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

1. Entity ID Number <b>51442</b>	Exact name of the Corporation     Auto Mart, Inc.							
3. Principal Office Address			City		State	Zip		
1108 Park Avenue			Cranston		RI 02910			
4. NAICS Code	6. Brief des	cription of the chara	cter of business cond	ducted in Rhode Islan	d			
42 - Wholesale Trade	Sale and V	Sale and Wholesale of automobiles						
5. State of Incorporation								
Rhode Island	(401)946-1	070						
7. List ALL officers (names and	d addresses)			Check the	box to indic	ate an attachment		
President Name Walter Ohanian			Check the box to indicate an attachment Vice-President Name Walter Ohanian					
Street Address 1108 Park Avenue			Street Address 1108 Park Avenue					
City Cranston	State RI	<sup>Zip</sup> <b>02910</b>	City Cranston	S	<sup>tate</sup> RI	<sup>Zip</sup> 02910		
Secretary Name Same		<u> </u>	Treasurer Name s	Treasurer Name Same				
Street Address			Street Address					
City	State	Zip	City	S	tate	Zip		
<ol><li>List ALL directors (names ar</li></ol>	nd addresses)			Check the	box to indic	ate an attachment		
Director Name			Director Name					
Street Address			Street Address					
	<del>-</del>							
City	State	Zip	City	S	tate	Zip		
Director Name	······································		Director Name			<u></u>		
Street Address			Street Address					
City	State	Zip	City	l et	ate	Zip		
				0.	aic	I Zip		
Shares Authorized	acced in the	10. Shares Iss	0.44500					
his information is currently of record in the epartment of State.		NUMBER O	SHARES	CLASS/SERIES				
Changes require an additional filing.				<u></u> .	0			
		ı						
1. This report must be execute	ed on behalf of the	corporation by an a	authorized representa	ative. If the corporatio	n is in the h	ands of a receiver or		
ustee, this report must be exe Inder penalty of perjury, I de	cuted on behalf of	the corporation by	the receiver or truste	e				
tatements, and that all state	ments contained	herein are true an	ed ans report, molu d correct.	ung any accompan	ying scned	iules and		
ame of Authorized Representa	ative			Da	ate	,		
Valter Ohanian					2/2/	フ		
ignature of Authorized Repres				1		1		
Watter	(UK)1AL	1412	rich					
AIL TO:			MAD			<del></del>		

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 10/2016