RI SOS Filing Number: 201742817220 Date: 5/4/2017 1:03:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

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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BUS SVCS DIV
2017 MAY -4 PM 1:01

1. Entity ID Number	2. Exact name of the Corporation
164039	HOA Rides Inc.

3. Principal Office Address	City	State	Zip
30 VETERANS PKW	EAST PROV.	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81	Automobile Sales & Restoration
5. State of Incorporation	
RI	

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

President Name	Vice-President Name
KENNETH ANDRADE	
Street Address: 2 PAWTUCKET AVE	Street Address:
City: BRISTOL State: RI Zip: 02809	City: State: Zip:
Secretary Name: SAME	Treasurer Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

Director Name	Director Name
SAME	
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		0

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: KENNETH ANDRADE

Date: 5/4/17

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
MAY 04 2017
BY 1575965454
A.A. 1:03PM

MAIL TO:
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: 02/2017