RI SOS Filing Number: 201743417690 Date: 5/22/2017 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			
000010135	**Sentry Auto Sales, Inc.**			
3. Principal Office Address		City	State	Zip
988 Putnam Pike		**Chepachet**	**RI**	**02814**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
44-45 - Retail Trade	**Sales of Autos and Trucks**			
5. State of Incorporation				

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

President Name **Michael J Couturier**			Vice-President Name		
Street Address **52 Money Hill Rd**			Street Address		
City **Chepachet**	State **RI**	Zip **02814**	City	State	Zip
Secretary Name **Jo-Ann M Couturier**			Treasurer Name **Jo-Ann M Couturier**		
Street Address **107 Cooper Rd**			Street Address **107 Cooper Rd**		
City **Harmony**	State **RI**	Zip **02829**	City **Harmony**	State **RI**	Zip **02914**

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

Director Name **Joseph A Couturier Jr**			Director Name **Jo-Ann M couturier**		
Street Address **107 Cooper Rd**			Street Address **107 Cooper Rd**		
City **Harmony**	State **RI**	Zip **02829**	City **Harmony**	State **RI**	Zip **02829**
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
8,000	**CWP**	**$1.00**

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
Joseph A Couturier Jr	5-17-17

Signature of Authorized Representative: Joseph A Couturier

FILED

MAY 22 2017

BY 40825

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