



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 000488187		2. Exact name of the Corporation Ricks Truck And Auto Sales And Repair, Inc			
3. Principal Office Address 19 Dyerville Ave.		City Johnston		State RI	Zip 02919
4. NAICS Code 44-45		6. Brief description of the character of business conducted in Rhode Island Auto sales and repair			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven Ricciardelli			Vice-President Name Vincent Ricciardelli		
Street Address 19 Dyerville Ave.			Street Address 296 Putnam Pike		
City Johnston	State RI	Zip 02919	City Harmony	State RI	Zip 02829
Secretary Name Elaine Ricciardelli			Treasurer Name Elaine Ricciardelli		
Street Address 223 Prospect Rd.			Street Address 223 Prospect Rd.		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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 Check the box to indicate an attachment <input type="checkbox"/>					
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	
100		common		0.0	
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 Steven Ricciardelli				Date 7/31/2017	
Signature of Authorized Representative <i>Steven Ricciardelli</i>				SIGN DOCUMENT HERE	

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
AUG 15 2017
BY 1310 313