RI SOS Filing Number: 201856196750 Date: 1/16/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

RECEIVED

SECRETARY OF STATE
CORPORATIONS DIV

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April

2018 JAN 16 AM 9: 46

| → Penalty: Additional \$25.0   |                                  |  |                                    |                    | <del></del>                       |                        |  |
|--|----------------------------------|--|------------------------------------|--------------------|-----------------------------------|------------------------|--|
| 1. Entity ID Number <b>67163</b>   |                                  | Exact name of the Corporation     Randy's Auto, Ltd.   |                                    |                    |                                   |                        |  |
| 3. Principal Office Address  |                                  |  | City                               |                    | State                             | Zip                    |  |
| 24 Begonia Street  |                                  |  | West Warwick                       |                    | RI                                | 02893                  |  |
| 4. NAICS Code  4. NAICS Code  4. NAICS Code  5. State of Incorporation  Rhode Island | To engage                        | 6. Brief description of the character of business conducted in Rhode Island  To engage in the purchase, repair and sale of Motor Vehicles, whether new or used, and meant to include all automotive type vehicles. |                                    |                    |                                   |                        |  |
| 7 List ALL officers (names and   | addresses)                       | ·  | <u></u>                            | Check to           | he box to indi                    | cate an attachment     |  |
| President Name Randy Bottella  |                                  |  | Vice-President Name Randy Bottella |                    |                                   |                        |  |
| Street Address 24 Begonia Stre   | Street Address 24 Begonia Street |  |                                    |                    |                                   |                        |  |
| City West Warwick  | State RI                         | <sup>Zip</sup> 02893   | City West Warwick                  |                    | State RI                          | <sup>Zip</sup> 02893   |  |
| Secretary Name Randy Bottella  |                                  |  | Treasurer Name Ronald Bottella     |                    |                                   |                        |  |
| Street Address 24 Begonia Street   |                                  |  | Street Address 24 Begonia Street   |                    |                                   |                        |  |
| City West Warwick  | State RI                         | Z1P 02893  | City West Warwick                  |                    | State                             | <sup>Zip</sup> 02893   |  |
| 8 List ALL directors (names an   | d addresses)                     |  |                                    | Check t            | he box to indi                    | cate an attachment 🔲   |  |
| Director Name Randy Bottella   |                                  |  | Director Name                      |                    |                                   |                        |  |
| Street Address 24 Begonia Street   |                                  |  | Street Address                     |                    |                                   |                        |  |
| City West Warwick  | State RI                         | Zip 02893  | City                               |                    | State                             | Zip                    |  |
| Director Name  |                                  |  | Director Name                      |                    |                                   |                        |  |
| Street Address   |                                  |  | Street Address                     |                    |                                   |                        |  |
| City   | State                            | Zip  | City                               |                    | State                             | Zip                    |  |
| 9. Shares Authorized 10. Shares Is   |                                  |  |                                    |                    |                                   |                        |  |
| This information is currently of record in the Department of State.                  |                                  | 10   | NUMBER OF SHARES                   |                    | SS/SERIES PAR VALUE  No par value |                        |  |
| Changes require an additional filing.  |                                  |  |                                    |                    |                                   |                        |  |
| 11. This report must be executi  | ed on behalf of the              | corporation by an  | authorized representat             | ive. If the corpor | ation is in the                   | hands of a receiver or |  |
| trustee, this report must be exe<br>Under penalty of perjury, I de                   | eclare and affirm                | that I have examir   | ned this report, includ            | ling any accom     | panying sch                       | edules and             |  |
| statements, and that all state<br>Name of Authorized Represent                       |                                  | l herein are true ai   | nd correct.                        | <u> </u>           | TDate                             | <del>-</del>           |  |
| Randy Bottella   |                                  |  | 12-15-1                            | 7                  |                                   |                        |  |
| Signature of Authorized Repre-   |                                  | fla<br>SIGN DO   | CUMENT HERE                        | LED 60             | /                                 |                        |  |
|  |                                  |  |                                    | <u> </u>           |                                   |                        |  |

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri gov JAN 1 6 2018

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