State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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
44112	**Sales of autos and trucks**
5. State of Incorporation	
RI	

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

President Name **Joseph A. Couturier**			Vice-President Name		
Street Address **107 Cooper Rd**			Street Address		
City **Harmony**	State **RI**	Zip **02829**	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 02829**	Zip	City **Harmony**	State **RI**	Zip **02829**

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

Director Name **Joseph A. Couturier**			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	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.	**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	1-16-18
Signature of Authorized Representative	FILED

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 18 2018
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