



RI SOS Filing Number: 201857029570 Date: 1/25/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JAN 25 2018 MP

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.

BY 2/2/18 SECRETARY OF STATE

1. Entity ID Number 1033222		2. Exact name of the Corporation A & D Auto Sales & Service Center, Inc.			
3. Principal Office Address 4 Log Road		City Smithfield		State RI	Zip 02917
4. NAICS Code 423110		6. Brief description of the character of business conducted in Rhode Island Auto sales and service of automobiles.			
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 DeCubellis			Vice-President Name Frederick A. DeCubellis		
Street Address 4 Log Road			Street Address 4 Log Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Frederick A. DeCubellis			Treasurer Name Steven DeCubellis		
Street Address 4 Log Road			Street Address 4 Log Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven DeCubellis			Director Name		
Street Address 4 Log Road			Street Address		
City Smithfield	State RI	Zip 02917	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 <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1,000		Common		No Par	
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 DeCubellis				Date 1-18-18	
Signature of Authorized Representative				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

FORM 630 - Revised: 10/2017