18-7

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## **FILED**

JAN 25-2018 MP

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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	12 Evact nam	e of the Comoratio	nn		_			
1033222		2. Exact name of the Corporation  A & D Auto Sales & Service Center, Inc.						
	- In a B A				ICtoto	17:a		
3. Principal Office Address			City Smithfield		State	Zip		
4 Log Road			Smithfield		RI	02917		
4. NAICS Code	6. Brief desci	Brief description of the character of business conducted in Rhode Island						
423110	/ Auto sales	/ Auto sales and service of automobiles.						
5. State of Incorporation	<del></del>							
Rhode Island								
7. List ALL officers (names a	and addresses)			Check	the box to i	ndicate an attachment 🔲		
President Name Steven DeC	Vice-President Name Frederick A. DeCubellis							
Street Address 4 Log Road	Street Address 4 Log Road							
<sup>City</sup> Smithfield	State RI	<sup>Zip</sup> 02917	City Smithfield		State RI	<sup>Zip</sup> 02917		
Secretary Name Frederick A. DeCubellis			Treasurer Name Steven DeCubellis					
Street Address 4 Log Road			Street Address 4 Log Road					
City Smithfield	State RI	<sup>Zip</sup> 02917	City Smithfield		State RI	<sup>Zip</sup> 02917		
8. List ALL directors (names	and addresses)	1	<del></del>	Check	the box to	ndicate an attachment		
Director Name Steven DeCu	-		Director Name		•			
Street Address 4 Log Road			Street Address					
City Smithfield	State RI	<sup>2ip</sup> 02917	City		State	Zip		
Director Name ·			Director Name					
Street Address	Street Address							
City	State	Zip	City		State	Zip		
9. Shares Authorized	-#	10. Shares Is		Check class/serie		ndicate an attachment  PAR VALUE		
This information is currently of record in the Department of State.		1,000				No Par		
Changes require an additiona	al filing.			<del></del>	<u>.</u>			
11. This report must be exec	cuted on hehalf of the	compration by an	authorized repres	entative If the corn	oration is in	the hands of a receiver or		
trustee, this report must be								
Under penalty of perjury, i	declare and affirm	that I have examir	ned this report, in	ncluding any acco	mpanying s	chedules and		
statements, and that all st		herein are true a	nd correct.		Date			
Name of Authorized Representative Steven DeCubellis					Date	1-18-18		
Signature of Authorized Rep	presentative		0.000	<u>-</u> .	<u> </u>	<del></del>		
I		SIGN DC	CUMENT 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