RI SOS Filing Number: 201857536780 Date: 1/31/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JAN 31 2018
BY 1189

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
001099554	Graniteville Auto Sales, Inc.

3. Principal Office Address	City	State	Zip
98 Brown Avenue	Johnton	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
441120	Retail Sales of automobiles
5. State of Incorporation: Rhode Island	

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

President Name: Giovanni D. Conti			Vice-President Name: Lisa M. Conti		
Street Address: 244 Putnam Pike			Street Address: 244 Putnam Pike		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
Secretary Name: Giovanni D. Conti			Treasurer Name: Giovanni D. Conti		
Street Address: 244 Putnam Pike			Street Address: 244 Putnam Pike		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919

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

Director Name: Giovanni D. Conti			Director Name		
Street Address: 244 Putnam Pike			Street Address		
City: Johnston	State: RI	Zip: 02919	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	COMMON	No Par Value

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
Giovanni D. Conti	1/12/18

Signature of Authorized Representative: GD — 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