



Department of State - Business Services Division

STAMP

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<br><b>116175</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         | 2. Exact name of the Corporation<br><b>DAVE'S IMPORTS, INC.</b>                                                                                                                                                                                     |                                                  |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------|------------------|--------------|-----------|------------|---------------|---------------------|--|--|--|
| 3. Principal Office Address<br><b>c/o JOSEPH RAHEB, ESQ., 650 WASHINGTON HWY.</b>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         | City<br><b>LINCOLN</b>                                                                                                                                                                                                                              |                                                  | State<br><b>RI</b>                                                                         | Zip<br><b>02865</b> |                  |              |           |            |               |                     |  |  |  |
| 4. NAICS Code<br><b>81 - Other Services (except Pul</b>                                                                                                                                                                                                                                                                                                                                                                                                          | 6. Brief description of the character of business conducted in Rhode Island<br><b>AUTOMOTIVE REPAIR</b><br><br>NAICS CODE <b>811111</b> |                                                                                                                                                                                                                                                     |                                                  |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |                                                                                                                                                                                                                                                     |                                                  |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                                                                                                                                         |                                                                                                                                                                                                                                                     |                                                  |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| President Name<br><b>JOSEPH W. SYLVESTRE</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                                                                                                                                                                     | Vice-President Name<br><b>DAVID H. SYLVESTRE</b> |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| Street Address<br><b>590 CENTRAL STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                                                                                                                                                                                     | Street Address<br><b>51 DAY ROAD</b>             |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| City<br><b>MAPLEVILLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        | State<br><b>RI</b>                                                                                                                      | Zip<br><b>02839</b>                                                                                                                                                                                                                                 | City<br><b>CUMBERLAND</b>                        | State<br><b>RI</b>                                                                         | Zip<br><b>02864</b> |                  |              |           |            |               |                     |  |  |  |
| Secretary Name<br><b>JOSEPH W. SYLVESTRE</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                                                                                                                                                                     | Treasurer Name<br><b>DAVID H. SYLVESTRE</b>      |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| Street Address<br><b>590 CENTRAL STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                                                                                                                                                                                     | Street Address<br><b>51 DAY ROAD</b>             |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| City<br><b>MAPLEVILLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        | State<br><b>RI</b>                                                                                                                      | Zip<br><b>02839</b>                                                                                                                                                                                                                                 | City<br><b>CUMBERLAND</b>                        | State<br><b>RI</b>                                                                         | Zip<br><b>02864</b> |                  |              |           |            |               |                     |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                                                                                                                                         |                                                                                                                                                                                                                                                     |                                                  |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| Director Name<br><b>JOSEPH W. SYLVESTRE</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                                                                                                                                                                                     | Director Name<br><b>DAVID H. SYLVESTRE</b>       |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| Street Address<br><b>590 CENTRAL STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                                                                                                                                                                                     | Street Address<br><b>51 DAY ROAD</b>             |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| City<br><b>MAPLEVILLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        | State<br><b>RI</b>                                                                                                                      | Zip<br><b>02839</b>                                                                                                                                                                                                                                 | City<br><b>CUMBERLAND</b>                        | State<br><b>RI</b>                                                                         | Zip<br><b>02864</b> |                  |              |           |            |               |                     |  |  |  |
| Director Name<br><b>NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                                                                                                                                                                     | Director Name<br><b>NONE</b>                     |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                         |                                                                                                                                                                                                                                                     | Street Address                                   |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                                                   | Zip                                                                                                                                                                                                                                                 | City                                             | State                                                                                      | Zip                 |                  |              |           |            |               |                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                         |                                                                                                                                                                                                                                                     |                                                  |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                         | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                               |                                                  |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                         | <table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td><b>200</b></td><td><b>COMMON</b></td><td><b>NO PAR VALUE</b></td></tr><tr><td></td><td></td><td></td></tr></tbody></table> |                                                  |                                                                                            |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>200</b> | <b>COMMON</b> | <b>NO PAR VALUE</b> |  |  |  |
| NUMBER OF SHARES                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CLASS/SERIES                                                                                                                            | PAR VALUE                                                                                                                                                                                                                                           |                                                  |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| <b>200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>COMMON</b>                                                                                                                           | <b>NO PAR VALUE</b>                                                                                                                                                                                                                                 |                                                  |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                         |                                                                                                                                                                                                                                                     |                                                  |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| 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.<br><b>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.</b> |                                                                                                                                         |                                                                                                                                                                                                                                                     |                                                  |                                                                                            |                     |                  |              |           |            |               |                     |  |  |  |
| Name of Authorized Representative<br><b>JOSEPH W. SYLVESTRE</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                         |                                                                                                                                                                                                                                                     |                                                  | Date<br><b>2/1/18</b>                                                                      |                     |                  |              |           |            |               |                     |  |  |  |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                         |                                                                                                                                                                                                                                                     |                                                  | <b>FILED</b><br>SIGN DOCUMENT HERE<br><b>FEB 9 2018</b><br><b>KL 323888</b><br><b>1:47</b> |                     |                  |              |           |            |               |                     |  |  |  |