



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

Annual Report for the year: 2018
Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 2018 FEB - 9 PM 1:47
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1. Entity ID Number 116175		2. Exact name of the Corporation DAVE'S IMPORTS, INC.			
3. Principal Office Address c/o JOSEPH RAHEB, ESQ., 650 WASHINGTON HWY.			City LINCOLN		State RI
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE REPAIR			
5. State of Incorporation RHODE ISLAND		NAICS CODE 811111			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH W. SYLVESTRE			Vice-President Name DAVID H. SYLVESTRE		
Street Address 590 CENTRAL STREET			Street Address 51 DAY ROAD		
City MAPLEVILLE	State RI	Zip 02839	City CUMBERLAND	State RI	Zip 02864
Secretary Name JOSEPH W. SYLVESTRE			Treasurer Name DAVID H. SYLVESTRE		
Street Address 590 CENTRAL STREET			Street Address 51 DAY ROAD		
City MAPLEVILLE	State RI	Zip 02839	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOSEPH W. SYLVESTRE			Director Name DAVID H. SYLVESTRE		
Street Address 590 CENTRAL STREET			Street Address 51 DAY ROAD		
City MAPLEVILLE	State RI	Zip 02839	City CUMBERLAND	State RI	Zip 02864
Director Name NONE			Director Name NONE		
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
			200		COMMON
					PAR VALUE
					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. <i>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.</i>					
Name of Authorized Representative JOSEPH W. SYLVESTRE					Date 2/1/18
FILED					
SIGN DOCUMENT HERE FEB 09 2018					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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