



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

FILED

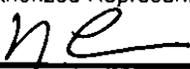
Annual Report for the year: 2018
Corporation

FEB 12 2018

BY

14418
 [Signature]

- 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 61033		2. Exact name of the Corporation NARRAGANSETT AUTO SALES, INC.			
3. Principal Office Address 38 Aster Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island The purchase and sale of automobiles and any other lawful purpose			
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 Richard Lisa			Vice-President Name		
Street Address 38 Aster Street			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Richard Lisa			Treasurer Name Richard Lisa		
Street Address 38 Aster Street			Street Address 38 Aster Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard Lisa			Director Name		
Street Address Same as above			Street Address		
City	State	Zip	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		CLASSIFRIES
			100		Common
					PAR VALUE
					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 Richard Lisa				Date 1/10/18	
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