



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

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 000550857		2 Exact name of the Corporation CHIQUI AUTO SALES, INC			
3 Principal Office Address 601 LONSDALE AVENUE		City CENTRAL FALLS		State RI	Zip 02863
4 NAICS Code 532111		6 Brief description of the character of business conducted in Rhode Island USED CAR SALES			
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 SONNY POLANCO			Vice-President Name SONNY POLANCO		
Street Address 1626 MENDON ROAD			Street Address 1626 MENDON ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			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"/>		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
This information is currently of record in the Department of State. Changes require an additional filing.		1000		STK	
				0.001	
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 SONNY POLANCO				Date 02/08/2018	
Signature of Authorized Representative 				FILED ✓	

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

FEB 26 2018

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