



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

FILED

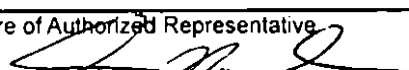
FEB 26 2018

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.

BY 1176

1. Entity ID Number 132273		2. Exact name of the Corporation Westerly Auto Sales, Inc.			
3. Principal Office Address 74 School Street		City Westerly		State RI	Zip 02891
4. NAICS Code 423110	6. Brief description of the character of business conducted in Rhode Island The sale of automobiles at wholesale and retail.				
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 Stiles M. Gilmore, IV			Vice-President Name Stiles M. Gilmore, IV		
Street Address 74 School Street			Street Address 74 School Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Esta Kleon			Treasurer Name Laura Scalise		
Street Address 74 School Street			Street Address 74 School Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		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 Stiles M. Gilmore, IV				Date 2-15-18	
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