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.

RECEIVED
2018 FEB 27 A 10:48
SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID Number	2. Exact name of the Corporation			
90875	STAMAS AUTO & TRUCK CENTER, INC.			
3. Principal Office Address		City	State	Zip
1045 Cranston Street		Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
441120	To own, manage, lease and sell used automobiles and trucks and any other lawful business.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Leon G. Stamas			Vice-President Name: Leon N. Stamas		
Street Address: 1045 Cranston Street			Street Address: 1045 Cranston Street		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: Leon N. Stamas			Treasurer Name: Leon G. Stamas		
Street Address: 1045 Cranston Street			Street Address: 1045 Cranston Street		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Leon G. Stamas			Director Name: Leon N. Stamas		
Street Address: 1045 Cranston Street			Street Address: 1045 Cranston Street		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
None		

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: Leon G. Stamas, President

Date: 1-15-18

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
FEB 27 2018
BY: 325326

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

FORM 630 - Revised: 10/2016