

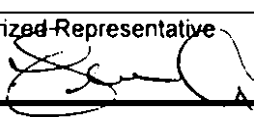


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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
STATE SECRETARY OF
CORPORATIONS DIV
2018 FEB 27 11:10:18

1. Entity ID Number 90875		2. Exact name of the Corporation STAMAS AUTO & TRUCK CENTER, INC.			
3. Principal Office Address 1045 Cranston Street		City Cranston		State RI	Zip 02920
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island 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 Check the box to indicate an attachment ☐					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
None			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 Leon G. Stamas, President					Date 1-15-18
Signature of Authorized Representative  FILED 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

FEB 27 2018

BY  325326

FORM 630 - Revised: 10/2016