



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
SECRETARY OF STATE
CORPORATIONS DIVISION
2018 MAR -1 PM 3:34

1. Entity ID Number 307873		2. Exact name of the Corporation Casey's Auto Sales, Inc.									
3. Principal Office Address 2134 West Shore Road			City Warwick	State RI	Zip 02886						
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island Auto Sales									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐											
President Name Steven P. Kazanjian			Vice-President Name Anthony S. Kazanjian								
Street Address 2134 West Shore Road			Street Address 2134 West Shore Road								
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886						
Secretary Name Steven P. Kazanjian			Treasurer Name Steven P. Kazanjian								
Street Address 2134 West Shore Road			Street Address 2134 West Shore Road								
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886						
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐											
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 ☐											
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 ☐								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	Common	No Par Value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1000	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 Steven P. Kazanjian, President					Date 1/17/18						
Signature of Authorized Representative 											
SIGN DOCUMENT HERE					FILED						

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017