مند. م							
State of Rhode Island an Department of St Annual Report for the years	Division			SECRET COARC 2018 HAR			
Corporation 2018			_			1 20 A	
→ Filing period January 1 - March 1						9 L	
→ Filing Fee: \$50.00 → Penalty Additional \$25.00				VEC OF S OKS			
Entity ID Number	2. Exact name	2. Exact name of the Corporation At larging Motor Solon Log					
20889	Al Izzi's M	Al Izzi's Motor Sales, Inc.					
3 Principal Office Address			City		State	Zip	
20 Factory Street			West Warw	rick	RI	02893	
4 NAICS Code	6. Brief descrip	Brief description of the character of business conducted in Rhode Island					
[8]]())	Sale of motor vehicles						
5 State of Incorporation	7						
RI							
7. List ALL officers (names and ac	idresses)						
President Name Albert N. Izzi, Jr.			Vice-President Name Antonetta Izzi				
Street Address 20 Factory Street			Street Address 2D Factory Street				
Cily West Warwick	State RI	Zip 02893	City West W	City West Warwick		Zip 02893	
Secretary Name Jennifor F. Bennett			Treasurer Name Albert N. Izzi, Jr.				
Street Address 20 Factory Street			Street Addres	Street Address 20 Factory Street			
City West Warwick	State RI	^{Z₁p} 02893	City West W	arwick	Slate RI	^{Z₁p} 02893	
8 List ALL directors (names and a Orector Name	addresses)		Dynata: Name		the box to in	ndicate an attachment 🗀	
Albert N. Izzi, Jr.	Director Name	OTECH MATTE					
Sireet Address 20 Factory Street			Street Address				
City West Warwick	State RI	Zıp 02893	City	City		Zip	
Director Name	· ·		Director Name	ector Name			
Street Address			Street Address				
City	State	Zip	Cily		State	Zip	
9 Shares Authorized		10 Shares Iss	ued	Check	the box to in	ndicate an attachment	
This information is currently of reci Department of State.	ord in the	NUVAER O	- SHAMPS			PAR VALLE	
Changes require an additional filing.		100		Common	Common		
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 of							
trustee_this report must be execu	ited on behalf of th	ne corporation by	the receiver or to	rustee.			
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							
Albert N. Izzi, Jr. FILED							
Signature of Authorized Represendative SIGN DOCUMENT HERE MAR 16 2018							
MAIL TO: Division of Business Services (/ 305977							
148 W. River Street. Providence, Rhode Island 02904/2615 Phano: (401) 222-3040 Website: www.sos.ri.gov FORM 630 - Revised. 10/2017							
THE PARTY OF THE P					r	S 989 - NETISEU. 1912917	