



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

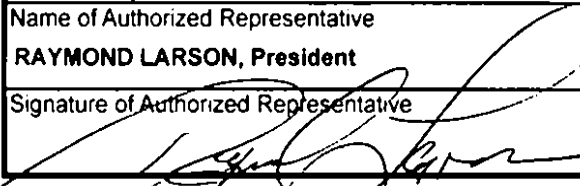
Annual Report for the year: **2018**
Corporation

→ 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
CORPORATE DIVISION
2018 MAR 28 PM 2:30

1. Entity ID Number 793732		2. Exact name of the Corporation CHARLES STREET MOTORS, INC.			
3. Principal Office Address 887 Charles Street			City North Providence	State RI	Zip 02904
4. NAICS Code 441120	6. Brief description of the character of business conducted in Rhode Island buying and selling used automobiles				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RAYMOND LARSON			Vice-President Name RICHARD DIRUZZO		
Street Address 887 Charles Street			Street Address 887 Charles Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name RAYMOND LARSON / Asst Sec. JOHN BIAFORE			Treasurer Name RICHARD DIRUZZO		
Street Address 887 Charles Street / 478A Broadway			Street Address 887 Charles Street		
City North Prov / Providence	State RI	Zip 02904/0290	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RAYMOND LARSON			Director Name RICHARD DIRUZZO		
Street Address 887 Charles Street			Street Address 887 Charles Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 RAYMOND LARSON, President					Date 3/1/18
Signature of Authorized Representative 					

FILED

SIGN DOCUMENT HERE

MAR 28 2018

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

BY KL 327569