



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 DIV
 2018 MAY -4 AM 9:20

1. Entity ID Number <u>138885</u>		2. Exact name of the Corporation <u>44 Auto Mtl Sals Inc</u>	
3. Principal Office Address <u>270 Putnam Pike</u>		City <u>Smithfield</u>	State <u>RI</u>
4. NAICS Code <u>423140</u>		6. Brief description of the character of business conducted in Rhode Island <u>to Buy AND Sell Automobiles of All Kinds AND to Repair</u>	
5. State of Incorporation <u>RI</u>		Zip <u>02917</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>DAVID LOFFREDO</u>		Vice-President Name <u>DAVID LOFFREDO</u>	
Street Address <u>484 Angel Rd</u>		Street Address	
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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 <input type="checkbox"/>	
		NUMBER OF SHARES <u>8000</u>	CLASS/SERIES <u>8</u>
			PAR VALUE <u>1.00</u>
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 <u>DAVID LOFFREDO</u>		Date <u>5-4-18</u>	
Signature of Authorized Representative <u>[Signature]</u>			

FILED

MAY 04 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

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