



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.

1. Entity ID Number 001663019		2. Exact name of the Corporation Gold Star Auto Sales, Inc			
3. Principal Office Address 577 Killingly Street		City Johnston		State RI	Zip 02919
4. NAICS Code 423120		6. Brief description of the character of business conducted in Rhode Island Used Auto Sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Dennis Goldberger		Vice-President Name Jennifer L. Goldberger			
Street Address 9 Seville Street		Street Address 9 Seville Street			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Jennifer L. Goldberger		Treasurer Name Dennis Goldberger			
Street Address 9 Seville Street		Street Address 9 Seville Street			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name NONE		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		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1000	common	.01	
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. <b>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.</b>					
Name of Authorized Representative David F. Lucas				Date 09/03/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

**FILED**

SEP 10 2018

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**MAIL TO:**  
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