



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**  
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 <b>000075225</b>		2. Exact name of the Corporation <b>D'AMBRA AUTO SALES, INC.</b>			
3. Principal Office Address <b>169 ELMWOOD AVE</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>441120</b>	6. Brief description of the character of business conducted in Rhode Island <b>AUTOMOTIVE</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>JOSEPH D'AMBRA</b>			Vice-President Name		
Street Address <b>334 AUBURN ST</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
Secretary Name <b>JOSEPH D'AMBRA</b>			Treasurer Name <b>JOSEPH D'AMBRA</b>		
Street Address <b>334 AUBURN ST</b>			Street Address <b>334 AUBURN ST</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>2910</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>JOSEPH D'AMBRA</b>			Director Name <b>JOSEPH D'AMBRA</b>		
Street Address <b>334 AUBURN ST</b>			Street Address <b>334 AUBURN ST</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>2910</b>
Director Name <b>JOSEPH D'AMBRA</b>			Director Name		
Street Address <b>334 AUBURN ST</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	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 <b>100</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>0</b>	
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 <b>JOSEPH D'AMBRA</b>				Date <b>1-14-19</b>	
Signature of Authorized Representative <i>Joseph D'Ambras</i> <b>FILE!</b>					

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

JAN 16 2019  
BY 2442 DS  
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