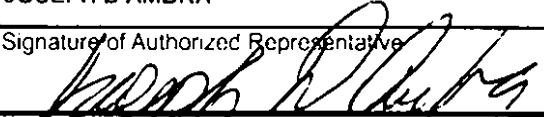




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

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

FORM 630 - Revised: 10/2017