



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 67779		2. Exact name of the Corporation GREENVILLE AUTO SALES, INC.	
3. Principal Office Address 7 AUBURN AVENUE		City JOHNSTON	State RI
		Zip 02919	
4. NAICS Code 441120	6. Brief description of the character of business conducted in Rhode Island TO PURCHASE, LEASE, SELL AT RETAIL / WHOLESALE VEHICLES.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DENISE DIPIPPA		Vice-President Name DENSIE DIPIPPA	
Street Address 117 DERBYSHIRE DRIVE		Street Address 117 DERBYSHIRE DRIVE	
City CRANSTON	State RI	Zip 02921	City CRANSTON
Secretary Name DENISE DIPIPPA		Treasurer Name DENISE DIPIPPA	
Street Address 117 DERBYSHIRE DRIVE		Street Address 117 DERBYSHIRE DRIVE	
City CRANSTON	State RI	Zip 02921	City CRANSTON
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	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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	
		1000	COMMON
			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 DENISE DIPIPPA <i>[Signature]</i>		Date 1-16-19	
Signature of Authorized Representative <i>[Signature]</i>		FILED	

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

JAN 22 2019
BY **2523 DS**