



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

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CORPORATIONS DIV

2019 JAN 25 PM 1:44

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 539480		2. Exact name of the Corporation LONSDALE AUTO SALES, INC.			
3. Principal Office Address 1372 LONSDALE AVENUE			City LINCOLN	State RI	Zip 02865
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island PURCHASE AND SALE OF AUTOMOBILES			
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 ELIE OSKO			Vice-President Name NONE		
Street Address 1372 LONSDALE AVENUE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name ELIE OSKO			Treasurer Name ELIE OSKO		
Street Address 1372 LONSDALE AVENUE			Street Address 1372 LONSDALE AVENUE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ELIE OSKO			Director Name NONE		
Street Address 1372 LONSDALE AVENUE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SHARES COMMON	PAR VALUE 0.01
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. 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 ELIE OSKO				Date 1-3-19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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

FILED

JAN 25 2019

FORM 630 - Revised: 10/2017

BY CK 4781