




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 58785			2. Exact name of the Corporation A & A Auto Sales, Inc.											
3. Principal Office Address 2740 Hartford Avenue			City Johnston	State RI	Zip 02919									
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island Purchase, retail and wholesale of used Cars.												
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 Ronald F. Fraraccio			Vice-President Name Frank A. Fraraccio											
Street Address 9 Paradise Lane			Street Address 338 Natick Avenue											
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02921									
Secretary Name Frank A. Fraraccio			Treasurer Name Frank A. Fraraccio											
Street Address 338 Natick Avenue			Street Address 338 Natick Avenue											
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Ronald F. Fraraccio			Director Name Frank A. Fraraccio											
Street Address 9 Paradise Lane			Street Address 338 Natick Avenue											
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02921									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center">600</td> <td style="text-align:center">Common</td> <td style="text-align:center">No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	Common	No Par			
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600	Common	No Par												
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 Frank A. Fraraccio, Vice President				Date 1/11/19										
Signature of Authorized Representative 				<div style="text-align:center;"> FILED SIGN DOCUMENT HERE </div>										

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 30 2019

BY 5607

FORM 630 - Revised: 10/2017