



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 06 2019 P

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.

BY

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1. Entity ID Number 86750		2. Exact name of the Corporation Sousa's Auto Sales and Auto Body, Inc.									
3. Principal Office Address 1442 Newport Ave.			City Pawtucket	State RI	Zip 02861						
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island Repair and Restoration of vehicles/dealing with purchase and sale of used vehicles.									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Emanuel Sousa			Vice-President Name Mary Anne Coleman								
Street Address 200 Sherman Ave			Street Address 2 Lantern Lane								
City Seekonk	State MA	Zip 02771	City Cumberland	State RI	Zip 02864						
Secretary Name Joseph J. Sousa			Treasurer Name Emanuel Sousa								
Street Address 22 Perrin Ave			Street Address 200 Sherman Ave								
City Pawtucket	State RI	Zip 02861	City Seekonk	State MA	Zip 02771						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Emanuel Sousa			Director Name								
Street Address 200 Sherman Ave			Street Address								
City Seekonk	State MA	Zip 02771	City	State	Zip						
Director Name			Director Name								
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								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No par
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	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.											
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 Emanuel Sousa					Date 1.30.19						
Signature of Authorized Representative 					SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov