



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

**FILED**

FEB 06 2019 P

BY 1157  
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**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 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">10. Shares Issued <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				PAR VALUE	
				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.					
<b>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.</b>					
Name of Authorized Representative Emanuel Sousa					Date 1-30-19
Signature of Authorized Representative <i>Emanuel Sousa</i>					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