



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

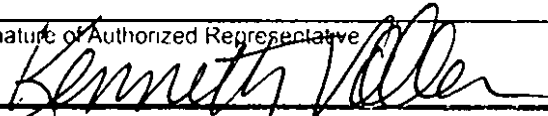
Annual Report for the year: **2019**
Corporation

STAMP

→ 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 76269		2. Exact name of the Corporation WINDMILL AUTO SALES & BODY, INC.			
3. Principal Office Address 16 HUMBERT STREET			City N. PROV.	State RI	Zip 02911
4. NAICS Code 423110		6. Brief description of the character of business conducted in Rhode Island ALL ASPECTS OF OPERATION OF AN AUTOMOBILE DEALERSHIP AND AUTO REPAIR FACILITY			
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 KENNETH VOLLER			Vice-President Name		
Street Address 33 ST. JOHNS CIRCLE			Street Address		
City N. PROV.	State RI	Zip 02911	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name KENNETH VOLLER			Director Name		
Street Address 33 ST. JOHNS CIRCLE			Street Address		
City N. PROV.	State RI	Zip 02911	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	COMMON	0.00	
Changes require an additional filing.					
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 KENNETH VOLLER - PRESIDENT				Date 1-26-19	
Signature of Authorized Representative 					

FILED 

FEB 11 2019

BY

