RI SOS Filing Number: 201986471910 Date: 2/12/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

RECEIVED SECRETARY OF STATE OF CORPORATIONS DIV

2019 FEB 12 AM II: 52

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_	Eiling ner	od: January 1	- March 1	
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→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

[10.5	- 							
1. Entity ID Number	2. Exact name of the Corporation								
6/163	67163 Randy's Auto, Ltd.								
Principal Office Address			City		State	Zip			
24 Begonia Street			West Warwi	ck	RI	02893			
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
81111		To engage in the purchase, repair and sale of Motor Vehicles, whether new or used, and meant to							
State of Incorporation	ate of Incorporation include all automotive type vehicles.								
Rhode Island									
7. List ALL officers (names and a	ddresses)				heck the box to indic	cate an attachment			
President Name Randy Bottella	Vice-President Name Randy Bottella								
Street Address 24 Begonia Street			Street Address 24 Begonia Street						
Cily West Warwick	State RI	Zip 02893	City West Wa	ırwick	State RI	^{Z₁p} 02893			
Secretary Name Randy Bottella			Treasurer Name Ronald Bottella						
Street Address 24 Begonia Street			Street Address 24 Begonia Street						
City West Warwick	State RI	^{Zip} 02893	City West Wa	arwick	State	^{Zip} 02893			
8. List ALL directors (names and	addresses)			C	heck the box to indic	cate an attachment 🔲			
Director Name Randy Bottella			Director Name						
Street Address 24 Begonia Street			Street Address	Streel Address					
City West Warwick	State RI	Zip 02893	City		State	Zìp			
Director Name	1	Director Name							
Street Address	Street Address								
City	State	Zıp	City		State	Zıp			
9. Shares Authorized This information is currently of record in the			10. Shares Issued Check NUMBER OF SYMRES CLASS/SERIES			the box to indicate an attachment PAR VALUE			
Department of State.	ora in the	10			I	lo par value			
Changes require an additional filing.					<u>-</u> -				
11. This report must be executed	on bohalf of the	corporation by an	authorized repres	antatwa If the	corporation is in the	hands of a recover or			
,			•		corporation is in the	nanus or a receiver of			
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 Date									
Randy Bottella 12/21/18									
Signature of Authorized Representative SIGN DOCUMETEER RE									

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov