



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 11659		2. Exact name of the Corporation A & R AUTO SALES, INC			
3. Principal Office Address 1165 WARWICK AVENUE			City WARWICK	State RI	Zip 02888
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE SALES			
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 SALOMON W. KAMAND			Vice-President Name PAMELA A. KAMAND		
Street Address 40 WINTHROP ROAD			Street Address 4 WINTHROP ROAD		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Secretary Name SALOMON W. KAMAND			Treasurer Name NICOLE MEDEIROS		
Street Address 40 WINTHROP ROAD			Street Address 111 BRENDARD AVENUE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NOEN			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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.			NUMBER OF SHARES	CLASS-SERIES	PAR VALUE
			8000	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 SALOMON W. KAMAND					Date 2-18-19
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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