

**FILED**

FEB 28 2019

BY

10658

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 8113		2. Exact name of the Corporation Crown Auto Sales, Inc.			
3. Principal Office Address 180 Broadway			City Pawtucket	State RI	Zip 02860
4. NAICS Code 441120	6. Brief description of the character of business conducted in Rhode Island  conduct and operation of automobile sales agency and/or business				
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name EDWARD BREault			Vice-President Name EDWARD BREault		
Street Address 180 Broadway			Street Address 180 Broadway		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name EDWARD BREault			Treasurer Name EDWARD BREault		
Street Address 180 Broadway			Street Address 180 Broadway		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name EDWARD BREault			Director Name		
Street Address 180 Broadway			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	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 EDWARD BREault				Date 2-19-19	
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

FORM 630 - Revised: 10/2016