RI SOS Filing Number: 201988240280 Date: 3/7/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 06 2019

BY 4495

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	2. Exact name of the Corporation
000968836	VARGAS CORP

3. Principal Office Address	City	State	Zip
270 PUTNAM PIKE	SMITHFIELD	RI	02917

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
441210	USED MOTOR VEHICLE SALES
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: PAUL J VARGAS			Vice-President Name: JOSEPH J VARGAS		
Street Address: 270 PUTNAM PIKE			Street Address: 270 PUTNAM PIKE		
City: SMITHFIELD	State: RI	Zip: 02917	City: SMITHFIELD	State: RI	Zip: 02917
Secretary Name: PAUL J VARGAS			Treasurer Name: JOSEPH J VARGAS		
Street Address: 270 PUTNAM PIKE			Street Address: 270 PUTNAM PIKE		
City: SMITHFIELD	State: RI	Zip: 02917	City: SMITHFIELD	State: RI	Zip: 02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000		1.00

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	Date
PAUL J VARGAS	02/28/2019

Signature of Authorized Representative

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

FORM 630 - Revised: 10/2017