



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2019  
Corporation

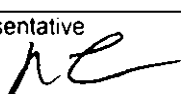
- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

MAR 14 2019

BY

1513a

1. Entity ID Number <b>61033</b>		2. Exact name of the Corporation <b>NARRAGANSETT AUTO SALES, INC.</b>			
3. Principal Office Address <b>38 Aster Street</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
4. NAICS Code <b>441120</b>		6. Brief description of the character of business conducted in Rhode Island <b>The purchase and sale of automobiles and any other lawful purpose</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Richard Lisa</b>			Vice-President Name		
Street Address <b>38 Aster Street</b>			Street Address		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
Secretary Name <b>Richard Lisa</b>			Treasurer Name <b>Richard Lisa</b>		
Street Address <b>38 Aster Street</b>			Street Address <b>38 Aster Street</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Richard Lisa</b>			Director Name		
Street Address <b>Same as above</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		C. ASS/SERIFS		PAR VALUE	
<b>100</b>	<b>common</b>	<b>no par</b>			
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.					
<b>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.</b>					
Name of Authorized Representative <b>Richard Lisa</b>					Date <b>1/15/19</b>
Signature of Authorized Representative  <b>SIGN DOCUMENT HERE</b>					