



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2019 MAR 20 PM 1:09

1. Entity ID Number 52597		2. Exact name of the Corporation Cars Unlimited, Inc.			
3. Principal Office Address 101 Plain Street, Suite 100			City Providence	State Rhode Island	Zip 02903
4. NAICS Code 423110		6. Brief description of the character of business conducted in Rhode Island Used cars			
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 Carl A. Sisto			Vice-President Name		
Street Address 101 Plain Street, Suite 100			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Carl A. Sisto			Treasurer Name Carl A. Sisto		
Street Address 101 Plain Street, Suite 100			Street Address 101 Plain Street, Suite 100		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		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			
		100	CNP	\$0.00	
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 Carl A. Sisto					Date 3/20/19
Signature of Authorized Representative <i>Carl Sisto</i>					

SIGN DOCUMENT **FILED**

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

MAR 20 2019 1:09

BY Mr. Clerk # 4711