



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 21 2019
 BY 29246

1. Entity ID Number 84206		2. Exact name of the Corporation INDEPENDENT AUTO SALES, INC.			
3. Principal Office Address 379 Roosevelt Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island Automobile sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas P. Dunn			Vice-President Name Thomas P. Dunn		
Street Address 379 Roosevelt Avenue			Street Address 379 Roosevelt Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Thomas P. Dunn			Treasurer Name Thomas P. Dunn		
Street Address 379 Roosevelt Avenue			Street Address 379 Roosevelt Avenue		
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 Thomas P. Dunn			Director Name None		
Street Address 379 Roosevelt Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	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
			600	Common	No Par Value
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 Thomas P. Dunn, President				Date 3-19-19	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
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 Website: www.sos.ri.gov