



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

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SECRETARY OF STATE
CORPORATIONS DIV

STAMP

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 789205 | | 2. Exact name of the Corporation SAM'S AUTO GROUP INC | | | |
| 3. Principal Office Address 936 CRANSTON STREET | | | City CRANSTON | State RI | Zip 02920 |
| 4. NAICS Code 441120 | | 6. Brief description of the character of business conducted in Rhode Island USED CAR 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 BASSAM CHEBBO | | | Vice-President Name BASSAM CHEBBO | | |
| Street Address 40 DOUGLAS PIKE | | | Street Address 40 DOUGLAS PIKE | | |
| City SMITHFIELD | State RI | Zip 02917 | City SMITHFIELD | State RI | Zip 02917 |
| Secretary Name BASSAM CHEBBO | | | Treasurer Name | | |
| Street Address 40 DOUGLAS PIKE | | | Street Address | | |
| City SMITHFIELD | State RI | Zip 02917 | City | State | Zip |
| 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 | | |
| | | | 1000 | STK | \$0.0100 |
| | | | | | |
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative BASSAM CHEBBO PRESIDENT | | | | | Date 7/9/19 |
| Signature of Authorized Representative | | | | | |

SIGN DOCUMENT HERE

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BY

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