

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.

1. Entity ID Number 2858		2. Exact name of the Corporation Bristol Auto Salvage, Inc.			
3. Principal Office Address 48 Broad Common Road			City Bristol	State R.I.	Zip 0280981
4. NAICS Code 999999	6. Brief description of the character of business conducted in Rhode Island Scrap Metal Salvage-Purchase and Sale of Bulk Metals (all forms of business)				
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 Sabato Stanzione			Vice-President Name Michael Stanzione		
Street Address 12 Greenway Drive			Street Address 7 Thompson Street		
City Bristol	State R.I.	Zip 02809	City Warren	State R.I.	Zip 02885
Secretary Name Lorraine Stanzione			Treasurer Name Lorraine Stanzione		
Street Address 12 Greenway Drive			Street Address 12 Greenway Drive		
City Bristol	State R.I.	Zip 02809	City Bristol	State R.I.	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			<div style="border: 1px solid black; padding: 5px; width: fit-content;"> List the names and addresses of the directors, if applicable. If you require additional space check the attachment box and be sure to include the entity ID number on the attachment. </div>		
Street Address					
City	State	Zip			
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	Common	0
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 Lorraine Stanzione					Date 2/10/2019
Signature of Authorized Representative <i>Lorraine Stanzione</i>					

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

FILED

MAR 06 2019
BY **A.A. 2858**

FORM 630 - Revised: 10/2017