



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

Annual Report for the year: **2020**
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

JAN 13 2020

BY

2813 DS

1. Entity ID Number 67779		2. Exact name of the Corporation GREENVILLE AUTO SALES, INC.	
3. Principal Office Address 35 WEST SHORE ROAD		City WARWICK	State RI
		Zip 02889	
4. NAICS Code 441120	6. Brief description of the character of business conducted in Rhode Island TO PURCHASE, LEASEL SELL AT RETAIL / WHOLESALE VEHICLES.		
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 DENISE DIPIPPA		Vice-President Name DENISE DIPIPPA	
Street Address 117 DERBYSHIRE DRIVE		Street Address 117 DERBYSHIRE DRIVE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02921		Zip 02921	
Secretary Name DENISE DIPIPPA		Treasurer Name DENISE DIPIPPA	
Street Address 117 DERBYSHIRE DRIVE		Street Address 117 DERBYSHIRE DRIVE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02921		Zip 02921	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		1000	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 DENISE DIPIPPA		Date 1-10-2020	
Signature of Authorized Representative <i>Denise D. Pippa</i>			

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