



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	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name DENISE DIPIPPA			Treasurer Name DENISE DIPIPPA		
Street Address 117 DERBYSHIRE DRIVE			Street Address 117 DERBYSHIRE DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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
		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 <i>Denise D. Pippa</i>					Date 1-10-2020
Signature of Authorized Representative					

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