



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

FILED

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.

JAN 13 2020
 BY 2910
DOA

1. Entity ID Number 000056131		2. Exact name of the Corporation ANDERSON AUTOMOTIVE, INC	
3. Principal Office Address 56 Exchange Terrace		City Providence	State RI Zip 02903
4. NAICS Code 423120	6. Brief description of the character of business conducted in Rhode Island The sale at wholesale and retail of automotive parts, accessories and supplies together with auto repair and reconditioning.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Dennis Anderson		Vice-President Name Dennis Anderson	
Street Address 16 Crossing Court		Street Address 16 Crossing Court	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02888	
Secretary Name Dennis Anderson		Treasurer Name Dennis Anderson	
Street Address 16 Crossing Court		Street Address 16 Crossing Court	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02888	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Dennis Anderson		Director Name	
Street Address 16 Crossing Court		Street Address	
City Warwick	State RI	City	State
Zip 02888		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES 100 00	
Changes require an additional filing.		CLASS/SERIES CNP	
		PAR VALUE 0.0000	
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 <u>DW Anderson</u>		Date <u>1/6/2020</u>	
Signature of Authorized Representative <u>[Signature]</u>			

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