



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

FILED

Annual Report for the year: 2020
Corporation

JAN 13 2020

BY

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DK

- 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 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	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Dennis Anderson			Treasurer Name Dennis Anderson		
Street Address 16 Crossing Court			Street Address 16 Crossing Court		
City Warwick	State RI	Zip 02888	City Warwick	State RI	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	Zip 02888	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	PAR VALUE
			100 00	CNP	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 <i>DW ANDERSON</i>					Date <i>1/6/2020</i>
Signature of Authorized Representative <i>[Signature]</i>					

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