



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.

 SECRETARY OF STATE
 CORPORATION'S DIV.

2020 JAN 14 PM 3:09

1. Entity ID Number <u>144050</u>		2. Exact name of the Corporation <u>Atlantic Bay's Auto Sales & Service, Inc</u>										
3. Principal Office Address <u>61 Pilsudski Street</u>		City <u>Providence</u>	State <u>RI</u>									
4. NAICS Code <u>141110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Used auto sales and body reconstruction</u>										
5. State of Incorporation <u>RI</u>												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name <u>Nestor Murillo</u>		Vice-President Name <u>Mohammed Veringa</u>										
Street Address <u>58 Waban ave</u>		Street Address <u>23 Garden St</u>										
City <u>Prov</u>	State <u>RI</u>	City <u>Provt</u>	State <u>RI</u>									
Zip <u>02908</u>		Zip <u>02860</u>										
Secretary Name <u>Yea-Mo Yang</u>		Treasurer Name <u>Yea-Mo Yang</u>										
Street Address <u>58 Waban ave</u>		Street Address <u>58 Waban ave</u>										
City <u>Prov</u>	State <u>RI</u>	City <u>Prov</u>	State <u>RI</u>									
Zip <u>02908</u>		Zip <u>02908</u>										
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>100</u></td> <td><u>Common</u></td> <td><u>no par</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>100</u>	<u>Common</u>	<u>no par</u>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
<u>100</u>	<u>Common</u>	<u>no par</u>										
Changes require an additional filing.												
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>Yea-Mo Yang</u>		Date <u>1-14-2020</u>										
Signature of Authorized Representative 												

FILED

MAIL TO:

Division of Business Services

148 W. River Street Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 14 2020

3941