



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

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 JAN 21 2020

BY

29075
 [Signature]

| 1. Entity ID Number 84206 | | 2. Exact name of the Corporation INDEPENDENT AUTO SALES INC. | | | | | | | | | |
|---|-----------------|--|---|-----------------------|---------------------|------------------|--------------|-----------|------------|---------------|---------------------|
| 3. Principal Office Address 379 Roosevelt Avenue | | | City Pawtucket | State RI | Zip 02860 | | | | | | |
| 4. NAICS Code 441120 | | 6. Brief description of the character of business conducted in Rhode Island Automobile Sales | | | | | | | | | |
| 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 Thomas P. Dunn | | | Vice-President Name Thomas P. Dunn | | | | | | | | |
| Street Address 379 Roosevelt Avenue | | | Street Address 379 Roosevelt Avenue | | | | | | | | |
| City Pawtucket | State RI | Zip 02860 | City Pawtucket | State RI | Zip 02860 | | | | | | |
| Secretary Name Thomas P. Dunn | | | Treasurer Name Thomas P. Dunn | | | | | | | | |
| Street Address 379 Roosevelt Avenue | | | Street Address 379 Roosevelt Avenue | | | | | | | | |
| City Pawtucket | State RI | Zip 02860 | City Pawtucket | State RI | Zip 02860 | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | |
| Director Name Thomas P. Dunn | | | Director Name None | | | | | | | | |
| Street Address 379 Roosevelt Avenue | | | Street Address | | | | | | | | |
| City Pawtucket | State RI | Zip 02860 | City | State | Zip | | | | | | |
| Director Name None | | | Director Name None | | | | | | | | |
| 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | |
| | | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 600 | Common | No Par Value |
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| 600 | 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 Thomas P. Dunn | | | | Date 1/7/20 | | | | | | | |
| Signature of Authorized Representative [Signature] | | | | SIGN DOCUMENT HERE | | | | | | | |

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