

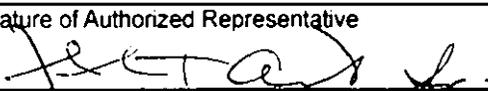


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 31 2020
 BY 40180 OS

1. Entity ID Number 1152		2. Exact name of the Corporation APOLLO AUTO SALES, INC.			
3. Principal Office Address 623-625 Broad Street			City Cumberland	State RI	Zip 02865
4. NAICS Code 42311\		6. Brief description of the character of business conducted in Rhode Island WHOLESALE/RETAIL SALES OF PREOWNED AUTOS AND TRUCKS			
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 Frederick T. Albert, Sr.			Vice-President Name Vacant		
Street Address 9 Hayfield Lane			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Frederick T. Albert, Sr.			Treasurer Name Frederick T. Albert, Sr.		
Street Address 9 Hayfield Lane			Street Address 9 Hayfield Lane		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frederick T. Albert, Sr.			Director Name		
Street Address 9 Hayfield Lane			Street Address		
City Cumberland	State RI	Zip 02864	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	COMMON	NO PAR	
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. <i>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.</i>					
Name of Authorized Representative FREDERICK T. ALBERT, SR.				Date 1/24/2020	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		