



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.

FEB 03 2020  
 BY 26168  
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| 1. Entity ID Number<br><b>86924</b>  |                    | 2. Exact name of the Corporation<br><b>MONTE CARLO AUTO SALES, INC.</b>  |   |                    |                     |                  |              |           |            |               |             |
|--|--------------------|--|---|--------------------|---------------------|------------------|--------------|-----------|------------|---------------|-------------|
| 3. Principal Office Address<br><b>225 George Waterman Road</b>   |                    |  | City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b> |                  |              |           |            |               |             |
| 4. NAICS Code<br><b>441120</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Used automobile/truck sales.</b> |   |                    |                     |                  |              |           |            |               |             |
| 5. State of Incorporation<br><b>Rhode Island</b>   |                    |  |   |                    |                     |                  |              |           |            |               |             |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                    |                     |                  |              |           |            |               |             |
| President Name<br><b>Vincent A. Palumbo</b>  |                    |  | Vice-President Name<br><b>None</b>  |                    |                     |                  |              |           |            |               |             |
| Street Address<br><b>4 Golden Avenue</b>   |                    |  | Street Address  |                    |                     |                  |              |           |            |               |             |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>  | City  | State              | Zip                 |                  |              |           |            |               |             |
| Secretary Name<br><b>Vincent A. Palumbo</b>  |                    |  | Treasurer Name<br><b>Vincent A. Palumbo</b>   |                    |                     |                  |              |           |            |               |             |
| Street Address<br><b>4 Golden Avenue</b>   |                    |  | Street Address<br><b>4 Golden Avenue</b>  |                    |                     |                  |              |           |            |               |             |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>  | City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b> |                  |              |           |            |               |             |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                    |                     |                  |              |           |            |               |             |
| Director Name<br><b>Vincent A. Palumbo</b>   |                    |  | Director Name   |                    |                     |                  |              |           |            |               |             |
| Street Address<br><b>4 Golden Avenue</b>   |                    |  | Street Address  |                    |                     |                  |              |           |            |               |             |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>  | City  | State              | Zip                 |                  |              |           |            |               |             |
| Director Name  |                    |  | Director Name   |                    |                     |                  |              |           |            |               |             |
| Street Address   |                    |  | Street Address  |                    |                     |                  |              |           |            |               |             |
| City   | State              | Zip  | City  | State              | Zip                 |                  |              |           |            |               |             |
| 9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                    |                     |                  |              |           |            |               |             |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |                     |                  |              |           |            |               |             |
|  |                    |  | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>200</b></td> <td><b>COMMON</b></td> <td><b>NONE</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                    |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>200</b> | <b>COMMON</b> | <b>NONE</b> |
| NUMBER OF SHARES   | CLASS/SERIES       | PAR VALUE  |   |                    |                     |                  |              |           |            |               |             |
| <b>200</b>   | <b>COMMON</b>      | <b>NONE</b>  |   |                    |                     |                  |              |           |            |               |             |
|  |                    |  |   |                    |                     |                  |              |           |            |               |             |
| 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.<br><b>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.</b> |                    |  |   |                    |                     |                  |              |           |            |               |             |
| Name of Authorized Representative<br><b>Vincent A. Palumbo, President</b>  |                    |  |   |                    | Date                |                  |              |           |            |               |             |
| Signature of Authorized Representative<br><i>Vincent A. Palumbo</i>  |                    |  |   |                    | SIGN DOCUMENT HERE  |                  |              |           |            |               |             |

MAIL TO:  
 Division of Business Services  
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