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.

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Entity ID Number	2. Exact nam	ne of the Corporatio	n					
73616	ASTRO A	ASTRO AUTO SALES, INC.						
3 Principal Office Address			City		State	Zip		
60 Tiogue Avenue			West Warw	rick	RI	02893		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
441110	Retail and v	Retail and wholesale sales of automobiles						
5. State of Incorporation	\neg							
Rhode Island								
7. List ALL officers (names and	addresses)			Chec	ck the box to i	ndicate an attachment		
President Name James Andrade			Vice-President Name Thomas Andrade					
Street Address 60 Tiogue Avenue			Street Address 60 Tiogue Avenue					
City West Warwick	State RI	Z ^p 02893	City West Warwick		State RI	^{Zıp} 02893		
Secretary Name Jamie Cotnoir				Treasurer Name Jean M. Cotnoir				
Street Address 60 Tiogue Avenue			Street Address 60 Tiogue Avenue					
City West Warwick	State RI	^{Zip} 02893	City West Warwick		State RI	^{Zip} 02893		
8. List ALL directors (names an	nd addresses)			Che	ck the box to i	ndicate an attachment		
Director Name James Andrade			Director Name Thomas Andrade					
Street Address 60 Tiogue Avenue			Street Addres	Street Address 60 Tiogue Avenue				
City West Warwick	State RI	^{Z₁p} 02893	City West Warwick		State RI	Zıp 02893		
Director Name Jean M. Cotnoir	Director Name	Director Name						
Street Address 60 Tiogue Avenue			Street Addres	Street Address				
City West Warwick	State RI	^{Zip} 02893	City		State	Zip		
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment				
This information is currently of record in the		NUMBER OF SHARES		CLASS SERIES PAR VALUE				
Department of State. Changes require an additional filing.		1000		common		None		
		-						
11. This report must be execute	ed on behalf of the	corporation by an	authorized repre	sentative. If the cor	poration is in t	I the hands of a receiver or		
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								
James Andrade, President								
Signature of Authorized Representative								
1/26	1/2/		•		<u> </u>			
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MAIL JO:

Division of Business Services

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

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