



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

**FILED**

FEB 27 2020

STAMP  
*[Signature]*

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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|                                      |  |
|--------------------------------------|--|
| 1. Entity ID Number<br><b>528307</b> | 2. Exact name of the Corporation<br><b>LIMA'S AUTO SALES, INC.</b> |
|--------------------------------------|--|

|  |                             |                    |                     |
|--|-----------------------------|--------------------|---------------------|
| 3. Principal Office Address<br><b>1657 Main Street</b> | City<br><b>West Warwick</b> | State<br><b>RI</b> | Zip<br><b>02893</b> |
|--|-----------------------------|--------------------|---------------------|

|  |  |
|--|--|
| 4. NAICS Code<br><b>441120</b>                   | 6. Brief description of the character of business conducted in Rhode Island<br><b>Sale of new and used cars.</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 <b>Abel A. Lima</b>   |                 |                  | Vice-President Name <b>Abel A. Lima</b> |                 |                  |
| Street Address <b>1657 Main Street</b>   |                 |                  | Street Address <b>1657 Main Street</b>  |                 |                  |
| City <b>West Warwick</b>   | State <b>RI</b> | Zip <b>02893</b> | City <b>West Warwick</b>                | State <b>RI</b> | Zip <b>02893</b> |
| Secretary Name <b>Abel A. Lima</b>   |                 |                  | Treasurer Name <b>Abel A. Lima</b>      |                 |                  |
| Street Address <b>1657 Main Street</b>   |                 |                  | Street Address <b>1657 Main Street</b>  |                 |                  |
| City <b>West Warwick</b>   | State <b>RI</b> | Zip <b>02893</b> | City <b>West Warwick</b>                | State <b>RI</b> | Zip <b>02893</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 <b>Abel A. Lima</b>   |                 |                  | Director Name  |       |     |
| Street Address <b>1657 Main Street</b>  |                 |                  | Street Address |       |     |
| City <b>West Warwick</b>  | State <b>RI</b> | Zip <b>02893</b> | City           | State | Zip |
| Director Name   |                 |                  | Director Name  |       |     |
| Street Address  |                 |                  | Street Address |       |     |
| City  | State           | Zip              | City           | State | Zip |

|   |   |               |                     |
|---|---|---------------|---------------------|
| 9. Shares Authorized  | 10. Shares Issued <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. | NUMBER OF SHARES  | CLASS/SERIES  | PAR VALUE           |
| Changes require an additional filing.                               | <b>100</b>  | <b>Common</b> | <b>No Par Value</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.

**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<br><b>Abel A. Lima, President</b> | Date<br><b>2-17-2020</b> |
|---|--------------------------|

|  |                    |
|--|--------------------|
| Signature of Authorized Representative<br><i>[Signature]</i> | 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