



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

FEB 27 2020

STAMP
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16119

1. Entity ID Number 528307		2. Exact name of the Corporation LIMA'S AUTO SALES, INC.			
3. Principal Office Address 1657 Main Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island Sale of new and used cars.			
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 Abel A. Lima			Vice-President Name Abel A. Lima		
Street Address 1657 Main Street			Street Address 1657 Main Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Abel A. Lima			Treasurer Name Abel A. Lima		
Street Address 1657 Main Street			Street Address 1657 Main Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Abel A. Lima			Director Name		
Street Address 1657 Main Street			Street Address		
City West Warwick	State RI	Zip 02893	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 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 Abel A. Lima, President				Date 2-17-2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	