



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

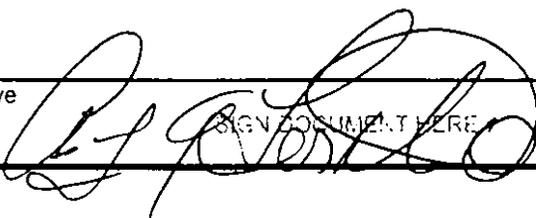
Annual Report for the year: 2020
Corporation

FILED

MAY 12 2020

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- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|---|--------------------|--|---|--------------------|------------------------|
| 1. Entity ID Number 123364 | | 2. Exact name of the Corporation Auto Reps, Inc. | | | |
| 3. Principal Office Address 135 New Road | | | City Exeter | State RI | Zip 02822 |
| 4. NAICS Code 42 3130 | | 6. Brief description of the character of business conducted in Rhode Island To represent and assist a licensed motor vehicle dealership in acquiring, purchasing, owning, leasing and sales of automobiles, trucks and other motor vehicles. | | | |
| 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 Anthony G. Tortolano | | | Vice-President Name Lori A. Tortolano | | |
| Street Address 135 New Road | | | Street Address 135 New Road | | |
| City Exeter | State RI | Zip 02822 | City Exeter | State RI | Zip 02822 |
| Secretary Name Lori A. Tortolano | | | Treasurer Name Anthony G. Tortolano | | |
| Street Address 135 New Road | | | Street Address 135 New Road | | |
| City Exeter | State RI | Zip 02822 | City Exeter | State RI | Zip 02822 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name none | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 |
| | | | 200 | | common |
| | | | PAR VALUE | | 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. | | | | | |
| 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 Anthony G. Tortolano | | | | | Date 3-31-20 |
| Signature of Authorized Representative  | | | | | |

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov