



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS. SERVICES DIV.

2020 OCT 30 P 4:22:17

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.

1. Entity ID Number 789205		2. Exact name of the Corporation SAMS AUTO GROUP INC			
3. Principal Office Address 936 CRANSTON STREET		City CRANSTON		State RI	Zip 02920
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island USED CAR SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BASSAM CHEBBO			Vice-President Name BASSAM CHEBBO		
Street Address 40 DOUGLAS PIKE			Street Address 40 DOUGLAS PIKE		
City SMIRHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1,000 \$0.01		
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 BASSAM CHEBBO PRESIDENT					Date 10-28-2020
Signature of Authorized Representative 					FILED OCT 30 2020 BY A.A.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.scs.ri.gov

FORM 630 - Revised: 08/2020