



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

Annual Report for the year: 2020  
 Corporation

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2020 DEC 29 PM 2:10

- 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 <b>000015940</b>		2. Exact name of the Corporation <b>Warwick Auto Sales, Inc.</b>			
3. Principal Office Address <b>1828 Elmwood Avenue</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	
4. NAICS Code <b>44120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Automobile Sales</b>			
5. State of Incorporation <b>RI</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>Michael Gill</b>			Vice-President Name <b>NONE</b>		
Street Address <b>20 Circlewood Drive</b>			Street Address		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip
Secretary Name			Treasurer Name <b>Michael Gill</b>		
Street Address			Street Address <b>20 Circlewood Drive</b>		
City	State	Zip	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</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>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
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.  Changes require an additional filing.			NUMBER OF SHARES <b>600</b>	CLASS/SERIES	PAR VALUE <b>0.00</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 <b>Michael Gill</b>				Date <b>12/24/2020</b>	
Signature of Authorized Representative <i>Michael Gill</i>				<b>FILED</b>	

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

**FILED**  
 JAN 15 2021  
 BY **28810**  
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