



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

STAMP

- 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 000053837		2. Exact name of the Corporation AutoVillage AutoSales Inc			
3. Principal Office Address 920 Tiogue Ave			City Coventry	State RI	Zip 02816
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 William Wilkinson			Vice-President Name		
Street Address 49 Karen Dr			Street Address Same		
City Hope Valley	State RI	Zip 02832	City Same	State	Zip
Secretary Name			Treasurer Name		
Street Address Same			Street Address Same		
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 William Wilkinson			Director Name		
Street Address 49 Karen Dr			Street Address		
City Hope Valley	State RI	Zip 02832	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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES CNP	PAR VALUE 0
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 Gail S. Bowry				Date 1/22/21	
Signature of Authorized Representative <i>Gail S. Bowry</i>				FILED JAN 28 2021 KM	

MAIL TO:
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