



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

Annual Report for the year: 2021 Corporation

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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 JAN 29 P 2:10

1. Entry ID Number 121679		2. Exact name of the Corporation Passport Automotive Group, Inc.			
3. Principal Office Address 55 Budlong Road			City Cranston	State RI	Zip 02920
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island To own, manage, lease and sell automobiles and trucks and sale of related auto accessories and any other lawful business.			
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 Serafino V. Cazzani			Vice-President Name Serafino V. Cazzani		
Street Address 55 Budlong Road			Street Address 55 Budlong Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Serafino V. Cazzani			Treasurer Name Serafino V. Cazzani		
Street Address 55 Budlong Road			Street Address 55 Budlong Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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	PAR VALUE
			500	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 Serafino V. Cazzani, President					Date 1/11/21
Signature of Authorized Representative 					

SIGN DOCUMENT HERE
 JAN 29 2021

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

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