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State of Rhode Island

## Department of State - Business Services Division

FEB 0 3 2021 80 1 P

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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37	20	17

Entity ID Number		2. Exact name of the Corporation							
67779	GREENVIL	GREENVILLE AUTO SALES, INC.							
Principal Office Address     WEST SHORE ROAD			City   WARWICK		State RI	Zip 02889			
4. NAICS Code	6. Brief desci	ription of the charac	ter of business	conducted in RI	node Island				
441120	TO PURCH.	TO PURCHASE, LEASE AND SELL AT RETAIL / WHOLESALE							
5. State of Incorporation RHODE ISLAND									
7. List ALL officers (names and	d addresses)				Check the box to i	ndicate an attachment			
President Name DENISE DIPIPPO			Vice-President Name DENISE DIPIPPO						
Street Address 117 DERBYSHIRE DRIVE			Street Address 117 DERBYSHIRE DRIVE						
City CRANSTON	State RI	<sup>Zip</sup> 02921	City CRANSTON		State RI	<sup>Zip</sup> 02921			
Secretary Name DENISE DIPIPPO			Treasurer Name DENISE DIPIPPO						
Street Address 117 DERBYSHIRE DRIVE			Street Address 117 DERBYSHIRE						
City CRANSTON	State RI	<sup>Zip</sup> 02921	City CRANSTON		State RI	<sup>Zıp</sup> 02921			
8. List ALL directors (names a	nd addresses)				Check the box to	indicate an attachment			
D rector Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
Director Name	<u></u>		Director Nar	ne	<u>J</u> _				
Street Address			Street Address						
City	State	Zıp	City		State	Zip			
9. Shares Authorized	1	10. Shares Iss	ued		heck the hox to i	ndicate an attachment 🗍			
This Information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLAS	Check the box to indicate an attachment CLASS/SERIES PAR VALUE				
		1000		СОММО	ON	NO PAR VALUE			
ononges require an additional i	mng.								
<ol> <li>This report must be execut trustee, this report must be ex</li> </ol>	<u>ecuted on</u> behalf of	the corporation by	the receiver or	trustee.					
Under penalty of perjury, I d statements, and that all stat	eclare and affirm t	hat I have examin	ed this report.	including any	accompanying s	chedules and			
Name of Authorized Represen	itatiye)	( ) ( )			TDate				
DENISE DIPIPPO Ceruse (1. 2500)									
Signature of Authorized Repre	esentative								
					<u></u>				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov