



State of Rhode Island

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.

FILED

STAMP

FEB 10 2021

BY

1099 OS

1. Entity ID Number 536907		2. Exact name of the Corporation 44 Auto Concepts, Inc.			
3. Principal Office Address 200 Putnam Pike			City Johnston		State RI
			Zip 02919		
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Auto Body			
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 Dorina L. D'Ambrosca			Vice-President Name None		
Street Address 33 Stanley Mowry Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name Dorina L. D'Ambrosca			Treasurer Name Dorina L. D'Ambrosca		
Street Address 33 Stanley Mowry Road			Street Address 33 Stanley Mowry Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dorina L. D'Ambrosca			Director Name None		
Street Address 33 Stanley Mowry Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 Dorina L. D'Ambrosca				Date 02-01-2021	
Signature of Authorized Representative 					