



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

MAY 21 2021

BY 1881
OS

- 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 000550857		2. Exact name of the Corporation CHIQUI AUTO SALES, INC			
3. Principal Office Address 601 LONSDALE AVENUE			City CENTRAL FALLS	State RI	Zip 02863
4. NAICS Code 532111		6. Brief description of the character of business conducted in Rhode Island USED SALES CAR			
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 SONNY POLANCO			Vice-President Name KIMBERLY POLANCO		
Street Address 1626 MENDON ROAD			Street Address 1363 SMITH STREET APTO 401		
City CUMBERLAND	State RI	Zip 02864	City NORTH PROVIDENCE	State RI	Zip 02911
Secretary Name			Treasurer Name		
Street Address			Street Address		
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			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		STK	0.01
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. <i>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.</i>					
Name of Authorized Representative SONNY POLANCO				Date 4/16/2021	
Signature of Authorized Representative 					