



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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 JUN 22

1. Entity ID Number <u>000018969</u>	2. Exact name of the Corporation <u>LEW'S AUTO SALES INC</u>
3. Principal Office Address <u>55 HALL ST EAST PROVIDENCE</u>	City <u>RI</u> Zip <u>02914</u>
4. NAICS Code <u>441120</u>	6. Brief description of the character of business conducted in Rhode Island <u>AUTO SALES</u>
5. State of Incorporation <u>RI</u>	

7. List ALL officers (names and addresses)	
President Name <u>LEWIS T. QUATTROCI</u>	Vice-President Name <u>LEWIS T QUATTROCI</u>
Street Address <u>55 HALL ST</u>	Street Address <u>55 HALL ST</u>
City <u>EAST PROV</u> State <u>RI</u> Zip <u>02914</u>	City <u>EAST PROV</u> State <u>RI</u> Zip <u>02914</u>
Secretary Name <u>LEWIS T QUATTROCI</u>	Treasurer Name <u>LEWIS T QUATTROCI</u>
Street Address <u>55 HALL ST</u>	Street Address <u>55 HALL ST</u>
City <u>EAST PROV</u> State <u>RI</u> Zip <u>02914</u>	City <u>EAST PROV</u> State <u>RI</u> Zip <u>02914</u>

8. List ALL directors (names and addresses)	
Director Name <u>LEWIS T QUATTROCI</u>	Director Name <u>LEWIS T QUATTROCI</u>
Street Address <u>55 HALL ST</u>	Street Address <u>55 HALL ST</u>
City <u>EAST PROV</u> State <u>RI</u> Zip <u>02914</u>	City <u>EAST PROV</u> State <u>RI</u> Zip <u>02914</u>
Director Name <u>LEWIS T QUATTROCI</u>	Director Name <u>LEWIS T QUATTROCI</u>
Street Address <u>55 HALL ST</u>	Street Address <u>55 HALL ST</u>
City <u>EAST PROV</u> State <u>RI</u> Zip <u>02914</u>	City <u>EAST PROV</u> State <u>RI</u> Zip <u>02914</u>

9. Shares Authorized	10. Shares Issued	
This information is currently of record in the Department of State.	NUMBER OF SHARES <u>500</u>	Check the box to indicate an attachment <input type="checkbox"/>
Changes require an additional filing.	CLASS/SERIES <u>COMMON</u>	PAR VALUE <u>WITHOUT PAR VALUE</u>

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  
Louis T Quattroci

Signature of Authorized Representative  
Louis T Quattroci

Date  
6-14-2021

FILED

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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 BY TOVSN  
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