



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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 JUL -2 P 12:30

1. Entity ID Number <b>40679</b>		2. Exact name of the Corporation <b>BARREIROS AUTO SALES, INC.</b>	
3. Principal Office Address 620 SMITHFIELD AVENUE		City LINCOLN	State RI
		Zip 02865	
4. NAICS Code 441120	6. Brief description of the character of business conducted in Rhode Island USED AUTO SALES DEALER		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name ELIAS BARREIROS		Vice-President Name DAVID BARREIROS	
Street Address 25 MEADOW SITE DRIVE		Street Address 11 LAWRENCE LANE	
City LINCOLN	State RI	City LINCOLN	State RI
Zip 02865		Zip 02865	
Secretary Name ELIAS BARREIROS		Treasurer Name DAVID BARREIROS	
Street Address 25 MEADOW SITE DRIVE		Street Address 11 LAWRENCE LANE	
City LINCOLN	State RI	City LINCOLN	State RI
Zip 02865		Zip 02865	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name ELIAS BARREIROS		Director Name DAVID BARREIROS	
Street Address 25 MEADOW SITE DRIVE		Street Address 11 LAWRENCE LANE	
City LINCOLN	State RI	City LINCOLN	State RI
Zip 02865		Zip 02865	
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		200 SHARES	COMMON
			NO PAR
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 DAVID BARREIROS			Date 6/20/2021
Signature of Authorized Representative <i>David Barreiros</i>			

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 *CH* *CH* # 2310  
12:30

FORM 630 - Revised: 08/2020