



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIVAnnual Report for the year:
Corporation2022

2021 NOV 24 P 12:03

→ 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 <u>156163--</u>		2. Exact name of the Corporation <u>LAS America Inc</u>			
3. Principal Office Address <u>1771 1994th St.</u>			City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02907</u>
4. NAICS Code <u>441120</u>		6. Brief description of the character of business conducted in Rhode Island <u>Used auto car sale</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name <u>Richard Duerksen</u>			Treasurer Name		
Street Address <u>1771 1994th St.</u>			Street Address		
City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02907</u>	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
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		
This information is currently of record in the Department of State.			Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES <u>0</u>	CLASS/SERIES	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 <u>Richard Duerksen</u>					Date <u>11-24-2021</u>
Signature of Authorized Representative <u>[Signature]</u>					

FILED

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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BY CA 36985
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FORM 630 - Revised: 08/2020