



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 DEC 21 AM 10:56

1. Entity ID Number <b>000085339</b>		2. Exact name of the Corporation <b>Galinda's Automotive Sales, Inc.</b>			
3. Principal Office Address 94 Broad Street			City Cumberland	State RI	Zip 02864
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island General Auto Sales			
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 Jose A. Fonseca			Vice-President Name Michael N. Fonseca		
Street Address 24 Pequot Avenue			Street Address 24 Pequot Avenue		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Michael N. Fonseca			Treasurer Name Jose A. Fonseca		
Street Address 24 Pequot Avenue			Street Address 24 Pequot Avenue		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Jose A. Fonseca			Director Name Michael N. Fonseca		
Street Address 24 Pequot Avenue			Street Address 24 Pequot Avenue		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES CNP	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. <b>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.</b>					
Name of Authorized Representative Jose A. Fonseca				Date 12-21-2021	
Signature of Authorized Representative <i>Jose A. Fonseca</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020