



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED

APR 05 2022

BY

1. Entity ID Number 000032872		2. Exact name of the Corporation V.I.P. AUTO SUPPLY, INC.			
3. Principal Office Address 75 ANGELL ROAD			City CRANSTON	State RI	Zip 02920
4. NAICS Code 423850	6. Brief description of the character of business conducted in Rhode Island SALE OF AUTOMOBILE REPLACEMENT PARTS & ACCESSORIES				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name VALENTINO PAOLELLA			Vice-President Name VALENTINO PAOLELLA		
Street Address 75 ANGELL AVENUE			Street Address 75 ANGELL AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name VALENTINO PAOLELLA			Treasurer Name VALENTINO PAOLELLA		
Street Address 75 ANGELL AVENUE			Street Address 75 ANGELL AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name VALENTINO PAOLELLA			Director Name		
Street Address 75 ANGELL AVENUE			Street Address		
City CRANSTON	State RI	Zip 02920	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
			100	COMMON	0.00
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 VALENTINO PAOLELLA				Date 2/14/22	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov