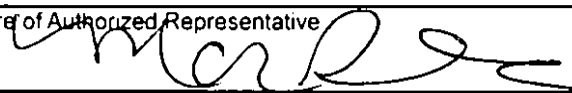




State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

1. Entry ID Number 01666824		2. Exact name of the Corporation NORTH PROVIDENCE AUTO SALES AND LEASING, INC			
3. Principal Office Address 3 TAG DRIVE		City NORTH PROVIDENCE	State RI	Zip 02911	
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island AUTO SALES & LEASING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL PETRARCA		Vice-President Name MICHAEL PETRARCA			
Street Address 3 TAG DRIVE		Street Address 3 TAG DRIVE			
City NO PROVIDENCE	State RI	Zip 02911	City NO PROVIDENCE	State RI	Zip 02911
Secretary Name MICHAEL PETRARCA		Treasurer Name			
Street Address 3 TAG DRIVE		Street Address			
City NO PROVIDENCE	State RI	Zip 02911	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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/SERIALS	PAR VALUE	
		7000	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 MICHAEL PETRARCA				Date 1/30/23	
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

2023 JAN 31 AM 9:11
 RI DEPT OF STATE
 BUS SVCS DIV

FILED

JAN 31 2023
 BY **29615**
AH.
 FORM 9-2021