



State of Rhode Island

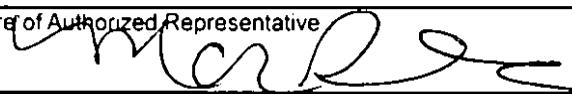
## Department of State - Business Services Division

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 <b>01666824</b>		2. Exact name of the Corporation <b>NORTH PROVIDENCE AUTO SALES AND LEASING, INC</b>			
3. Principal Office Address <b>3 TAG DRIVE</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	
4. NAICS Code <b>441120</b>		6. Brief description of the character of business conducted in Rhode Island <b>AUTO SALES &amp; LEASING</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MICHAEL PETRARCA</b>		Vice-President Name <b>MICHAEL PETRARCA</b>			
Street Address <b>3 TAG DRIVE</b>		Street Address <b>3 TAG DRIVE</b>			
City <b>NO PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>NO PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>
Secretary Name <b>MICHAEL PETRARCA</b>		Treasurer Name			
Street Address <b>3 TAG DRIVE</b>		Street Address			
City <b>NO PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES <b>7000</b>	CLASS/SERIALS <b>COMMON</b>	PAR VALUE <b>NO PAR</b>	
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 <b>MICHAEL PETRARCA</b>				Date <b>1/30/23</b>	
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](http://www.sos.ri.gov)

11-6 HV 1-31-23  
RECEIVED  
DIVISION OF BUSINESS SERVICES  
STATE OF RHODE ISLAND

FILED

JAN 31 2023  
29615  
A.H.  
FOR FILING - Received: 11/2021