



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.

STAMP

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

1. Entity ID Number 000918016		2. Exact name of the Corporation Chevy Classics, Inc.		2023 FEB 10 12 1 32										
3. Principal Office Address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919									
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Kelly M. Coates			Vice-President Name Sheryl Carpianto											
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue											
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
Secretary Name Angelo Marocco, Esq			Treasurer Name Kelly M. Coates											
Street Address 1200 Reservoir Avenue			Street Address 1414 Atwood Avenue											
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919									
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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10	Common	No Par Value			
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10	Common	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. 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 Kelly Coates				Date 1/30/2023										
Signature of Authorized Representative <i>Kelly Coates President</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

FILED  
FEB 10 2023  
BY 11448

FORM 630 - Revised: 11/2021