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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FILED
FEB 28 2023
BY [illegible]

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

1. Entity ID Number: 000007499	2. Exact name of the Corporation: Safeway Auto Sales, Inc.

3. Principal Office Address	City	State	Zip
61 Gooding Avenue	Bristol	RI	02809

4. NAICS Code: 441110 - Sale of New Ca	6. Brief description of the character of business conducted in Rhode island: Sale of used and new motor vehicles
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Joseph Coelho, Jr.				Vice-President Name: Celeste Coelho		
Street Address: P.O. Box 210, 3 Wendy Drive				Street Address: P.O. Box 210, 3 Wendy Drive		
City: Bristol	State: RI	Zip: 02809		City: Bristol	State: RI	Zip: 02809
Secretary Name: Ryan M. Coelho				Treasurer Name: Stephen J. Coelho		
Street Address: 16 Lugent Lane				Street Address: 3 Wendy Drive		
City: Bristol	State: RI	Zip: 02809		City: Bristol	State: RI	Zip: 02809

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Joseph Coelho, Jr.				Director Name: Celeste Coelho		
Street Address: P.O. Box 210, 3 Wendy Drive				Street Address: P.O. Box 210, 3 Wendy Drive		
City: Bristol	State: RI	Zip: 02809		City: Bristol	State: RI	Zip: 02809
Director Name: NONE				Director Name: NONE		
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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	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	Date
Joseph Coelho, Jr.	2/15/23

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

FORM 630 - Revised: 2/2023