



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

FILED

FEB 28 2023

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1. Entity ID Number 000007499		2. Exact name of the Corporation Safeway Auto Sales, Inc.			
3. Principal Office Address 61 Gooding Avenue			City Bristol	State RI	Zip 02809
4. NAICS Code 441110 - Sale of New Cars		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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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			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.			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. <i>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.</i>					
Name of Authorized Representative Joseph Coelho, Jr.				Date 2/15/23	
Signature of Authorized Representative 					

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