



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 STAMP

MAR 08 2023

BY 27483
OS

1. Entity ID Number <u>000053837</u>		2. Exact name of the Corporation <u>Auto Village Auto Sales Inc</u>			
3. Principal Office Address <u>920 Tiogue Ave</u>			City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>
4. NAICS Code <u>44120</u>		6. Brief description of the character of business conducted in Rhode Island <u>Preowned car-Retail</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>William J. Wilkinson JR</u>			Vice-President Name <u>Same</u>		
Street Address <u>49 Karen DR</u>			Street Address <u>Same</u>		
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02832</u>	City	State	Zip
Secretary Name <u>Same</u>			Treasurer Name <u>Same</u>		
Street Address <u>Same</u>			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>William J. Wilkinson JR</u>			Director Name		
Street Address <u>49 Karen DR</u>			Street Address		
City <u>Hope Valley</u>	State <u>RI</u>	Zip <u>02832</u>	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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>CNP</u>	PAR VALUE <u>0</u>
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 <u>Gail S Bowry</u>				Date <u>3/4/23</u>	
Signature of Authorized Representative <u>Gail S Bowry</u>					