



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.

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

2023 MAR 30 P 12:28

1. Entity ID Number <b>000052597</b>		2. Exact name of the Corporation <b>Cars Unlimited, Inc</b>												
3. Principal Office Address <b>101 Plain Street, 1st Floor, Suite 100</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>									
4. NAICS Code <b>423110</b>		6. Brief description of the character of business conducted in Rhode Island <b>USED CARS</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>Carl A. Sisto</b>			Vice-President Name											
Street Address <b>101 Plain Street, Suite 100</b>			Street Address											
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip									
Secretary Name <b>Carl A. Sisto</b>			Treasurer Name <b>Carl A. Sisto</b>											
Street Address <b>101 Plain Street, 1st Floor, Suite 100</b>			Street Address <b>101 Plain Street, 1st Floor, Suite 100</b>											
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>									
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>C. ASS/SF-RIFS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>CNP</b></td> <td><b>\$0.00</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	C. ASS/SF-RIFS	PAR VALUE	<b>100</b>	<b>CNP</b>	<b>\$0.00</b>			
		NUMBER OF SHARES	C. ASS/SF-RIFS	PAR VALUE										
<b>100</b>	<b>CNP</b>	<b>\$0.00</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>Carl A. Sisto</b>					Date <b>3-21-2023</b>									
Signature of Authorized Representative 														

FILED

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

 MAR 30 2023  
 BY ML 6322

FORM 630 - Revised: 2/2023