



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
STATE OF RHODE ISLAND
SOS

2023 APR - 7 - 4:00 PM

1. Entity ID Number 000004179		2. Exact name of the Corporation CHRISTY'S AUTO SALES, INC.												
3. Principal Office Address 21 Sunny Side Avenue			City Johnston	State RI	Zip 02919									
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island Sales of new and used automobiles												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Crescenzo D'Arpino			Vice-President Name Christopher D'Arpino											
Street Address 5 Sweet Hill Drive			Street Address 5 Sweet Hill Drive											
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
Secretary Name Crescenzo D'Arpino			Treasurer Name Christopher D'Arpino											
Street Address 5 Sweet Hill Drive			Street Address 5 Sweet Hill Drive											
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			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 Check the box to indicate an attachment <input type="checkbox"/>												
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>2000</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	2000	Common	No par value			
		NUMBER OF SHARES	CLASS-SERIES	PAR VALUE										
		2000	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 Christopher D'Arpino					Date 3-31-23									
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

APR 07 2023

BY ML

29223

FORM 630 - Revised: 11/2021