


**State of Rhode Island  
Department of State - Business Services Division**
**Annual Report for the year:**
2024
**Corporation**

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BUS SVCS DIV

2023 OCT 30 P 1:34

- 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 <u>156163</u>		2. Exact name of the Corporation <u>LAS America Inc</u>			
3. Principal Office Address <u>117 Niagara St.</u>			City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02902</u>
4. NAICS Code <u>44120</u>		6. Brief description of the character of business conducted in Rhode Island <u>Used auto car sales</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Julio Dureza</u>			Vice-President Name		
Street Address <u>117 Niagara</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02902</u>	City	State	Zip
Secretary Name <u>Julio Dureza</u>			Treasurer Name		
Street Address <u>117 Niagara St.</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02902</u>	City	State	Zip
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		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	
Changes require an additional filing.		<u>Q</u>		<u>Q</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. <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 <u>Julio Dureza</u>				Date <u>10-30-23</u>	
Signature of Authorized Representative <u>Julio Dureza</u>					

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

**FILED**
**OCT 30 2023**

 BY BRS6H  
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