



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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 01 2024

EX-1133

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1 Entity ID Number 13140		2 Exact name of the Corporation Municipal Auto Sales, Inc.			
3 Principal Office Address 2628 West Shore Road		City Warwick		State RI	Zip 02889
4 NAICS Code 441110		6. Brief description of the character of business conducted in Rhode Island Auto Sales			
5. State of Incorporation Rhode Island					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony Lisi			Vice-President Name Anthony Lisi		
Street Address 2628 West Shore Road			Street Address 2628 West Shore Road		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Anthony Lisi			Treasurer Name Anthony Lisi		
Street Address 2628 West Shore Road			Street Address 2628 West Shore Road		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		500	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. 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 Anthony Lisi					Date 1-26/2024
Signature of Authorized Representative					

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

FORM 630- Revised 12/2023