



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 05 2024

BY

41736

1. Entity ID Number 000092312		2. Exact name of the Corporation Auto City, Inc.			
3. Principal Office Address 225 Plainfield Street			City Providence	State RI	Zip 02909
4. NAICS Code 811190		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE SALES			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Rocio Montano			Vice-President Name Rocio Montano		
Street Address 32 Ann Drive			Street Address 32 Ann Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Rocio Montano			Treasurer Name Rocio Montano		
Street Address 32 Ann Drive			Street Address 32 Ann Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			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. <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 Rocio Montano					Date 01/02/2024
Signature of Authorized Representative 					

MAIL TO:  
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