



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 09 2024

BY

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DS

1. Entity ID Number 000094588		2. Exact name of the Corporation VALENTI'S OF WESTERLY, INC.	
3. Principal Office Address 6 Langworthy Road		City Westerly	State RI
		Zip 02891	
4. NAICS Code 441110	6. Brief description of the character of business conducted in Rhode Island sale, leasing and/or trading of motor vehicles		
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 Robert A. Valenti		Vice-President Name William E. Goodwin	
Street Address 6 Langworthy Road		Street Address 6 Langworthy Road	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Secretary Name Beth V. Goodwin		Treasurer Name Beth V. Goodwin	
Street Address 6 Langworthy Road		Street Address 6 Langworthy Road	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Robert A. Valenti		Director Name Beth V. Goodwin	
Street Address 6 Langworthy Road		Street Address 6 Langworthy Road	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Director Name Jean W. Morrow		Director Name Cheryl V. Quirk	
Street Address 6 Langworthy Road		Street Address 6 Langworthy Road	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
9. Shares Authorized 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 100	CLASS/SERIES Common
			PAR VALUE 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 ROBERT A VALENTI		Date 2-5-24	
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