



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.

FEB 14 2024

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1. Entity ID Number 000022862		2. Exact name of the Corporation Russo's Auto Sales Inc												
3. Principal Office Address 519 Dyer Avenue			City Cranston	State RI	Zip 02920									
4. NAICS Code 441120	6. Brief description of the character of business conducted in Rhode Island Repair and sales of autos													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Robert Russo			Vice-President Name Robert Russo											
Street Address 115 Apple Gate Road			Street Address 115 Apple Gate Road											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
Secretary Name Robert Russo			Treasurer Name Robert Russo											
Street Address 115 Apple Gate Road			Street Address 115 Apple Gate Road											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
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 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 ☐												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>Common</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	Common	0.00			
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600	Common	0.00												
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 Russo					Date 2-9-24									
Signature of Authorized Representative <i>Robert Russo</i>														

MAIL TO:

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