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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.

1. Entity ID Number 000052597		2. Exact name of the Corporation Cars Unlimited, Inc												
3. Principal Office Address 101 Plain Street, 1st Floor, Suite 100			City Providence	State RI	Zip 02903									
4. NAICS Code 423110		6. Brief description of the character of business conducted in Rhode Island USED CARS												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Carl A. Sisto			Vice-President Name											
Street Address 101 Plain Street, Suite 100			Street Address											
City Providence	State RI	Zip 02903	City	State	Zip									
Secretary Name Carl A. Sisto			Treasurer Name Carl A. Sisto											
Street Address 101 Plain Street, 1st Floor, Suite 100			Street Address 101 Plain Street, 1st Floor, Suite 100											
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903									
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		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CNP</td> <td>\$0.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	\$0.00			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	CNP	\$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 Carl A. Sisto				Date 2/22/2024										
Signature of Authorized Representative 														

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 23 2024
BY ML 6819