



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.

REC'D RI SOS BSL
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1. Entity ID Number 73616		2. Exact name of the Corporation ASTRO AUTO SALES, INC.			
3. Principal Office Address 60 Tiogue Avenue			City West Warwick	State RI	Zip 02893
4. NAICS Code 44110		6. Brief description of the character of business conducted in Rhode Island Retail and wholesale sales of automobiles			
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 James Andrade			Vice-President Name Thomas Andrade		
Street Address 60 Tiogue Avenue			Street Address 60 Tiogue Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Jamie M. Cotnoir			Treasurer Name Jean M. Cotnoir		
Street Address 60 Tiogue Avenue			Street Address 60 Tiogue Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James Andrade			Director Name Thomas Andrade		
Street Address 60 Tiogue Avenue			Street Address 60 Tiogue Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Jean M. Cotnoir			Director Name		
Street Address 60 Tiogue Avenue			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	
		1000		common	
				PAR VALUE None	
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. <i>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.</i>					
Name of Authorized Representative James Andrade, President					Date 2-12-24
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

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FORM 630- Revised 12/2023