State of Rhode Isla Department of S Annual Report for the year: Corporation Filing period: February 1 Filing Fee: \$50.00 Penalty: Additional \$25.00	State - Busin 2024 - May 1 0 fee if form is n	ot filed by May 31.			<u>*</u> -	REC'D RIDOS BSD '24 MGR 5 FK 12:51	
1. Entity ID Number 73616		Exact name of the Corporation ASTRO AUTO SALES, INC.					
3. Principal Office Address 60 Tiogue Avenue			City	Warwick	State RI	Zip 02893	
4. NAICS Code441105. State of IncorporationRhode Island		6. Brief description of the character of business conducted in Rhode Island Retail and wholesale sales of automobiles					
7. List ALL officers (names and a	addresses)		*******	Check to	he box to indicate a	n attachment 🗆	
President Name James Andrade			Vice-President Name Thomas Andrade				
Street Address 60 Tiogue Avenue			Street Address 60 Tiogue Avenue				
^{City} West Warwick	State RI	^{Zıp} 02893	City West Warwick		State RI	Z _{IP} 02893	
Secretary Name Jamie M. Co	tnoir		Treasurei	^{r Name} Jean M. C	otnoir	•	
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 t	he box to indicate a		
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 N	Name		•	
Street Address 60 Tiogue Avenue			Street Address				
^{City} West Warwick	State RI	^{Zip} 02893	City		State	Zip	
9. Shares Authorized		10. Shares Issu	ued		the box to indicate a	n attachment (
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		SERIES	PAR VALUE	
		1000		common	Non	е	

ceiver 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

James Andrade, President

Signature of Authorized Representative

FILED

MAR U 5 ZUZ4

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri gov BYRZQ NQ D7 12:5/ FORM 630- Revised 12:2023