



State of Rhode Island  
Department of State - Business Services Division

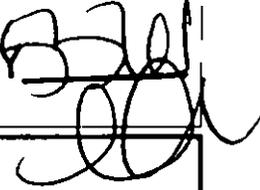
Annual Report for the year: 2024

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**

MAR 12 2024

BY 

1. Entity ID Number <b>138885</b>		2. Exact name of the Corporation <b>44 Auto Mall Sales Inc</b>			
3. Principal Office Address <b>270 Putnam Pike</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code <b>423140</b>		6. Brief description of the character of business conducted in Rhode Island <b>Buy and sell automobiles of all kinds and to repair vehicles.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
President Name <b>David Loffredo</b>			Vice-President Name <b>David Loffredo</b>		
Street Address <b>484 Angell Road</b>			Street Address <b>484 Angell Road</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name <b>David Loffredo</b>			Treasurer Name <b>David Loffredo</b>		
Street Address <b>484 Angell Road</b>			Street Address <b>484 Angell Road</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		8000		1	
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. <b>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.</b>					
Name of Authorized Representative <b>David Loffredo</b>					Date <b>03/01/2024</b>
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.rhodeisland.gov