RI SOS Filing Number: 202451151250 Date: 4/15/2024 4:00:00 PM

## FILED



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

 APR 1 5 2024	
BY	IK
PERSONAL PARTY CONTRACTOR CONTRAC	
	-

Penalty: Additional \$25.00 fe	e if form is not fi	led by May 31.									
1. Entity ID Number	2. Exact name of the Corporation						==				
000007499		Safeway Auto Sales, Inc.									
3. Principal Office Address			City	State		Zlp					
61 Gooding Avenue			Bris	1	RI	1 '	02809				
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island											
44 C110 - Sale of New Cal											
5. State of Incorporation  Sale of used and new motor vehicles											
Rhode Island Sale of used and new motor vehicles											
7. List ALL officers (names and addresses)											
President Name Joseph Coelhi	Vice-President Name   Check the box to Indicate an attachment										
Street Address	Celeste Coelho										
P.O. Box 210,	Street Address P.O. Box 210, 3 Wendy Drive										
Bristol .	State RI	<sup>Zlp</sup> 02809	City Brist	ol	State	RI	Zip	02809			
Secretary Name Ryan M. Coelho	<u> </u>	.L	Treasurer Na	70	<u> </u>	X-1	L.,,,	02009			
Street Address	Stephen J. Coelho										
16 Lugent Lane	Street Address 3 Wendy Drive										
City Bristol	State RI	<sup>2ip</sup> 02809	City Brist	<u>`</u>	State	RI	Zíp	02800			
8. List ALL directors (names and add	dresses)	<u> </u>			<u> </u>	-		02809			
Director Name Joseph Coelho, J			Director Name	1		indicate a	n atta	chment 🗀			
Strept Address	Celeste Coelho										
P.O. Box 210, 3 Wendy Drive			Street Address P.O. Box 210, 3 Wendy Drive								
Bristoi	Stale RI	<sup>Z/p</sup> 02809	City Brist	<del></del>	Stato		Zlp	02809			
Director Name NONE			Director Name NONE								
Street Address	·	<u> </u>	Street Address								
			Ou det riddies								
City	State	Zip	City		State		Zip				
9. Shares Authorized	<del></del>	10 Shama lanca	<u></u>								
This information is currently of record in the		10. Sharos issued Check t NUMBER OF SHARES CLASS/SERIES		e box to	indicate a	n atta AR VALO	chment 🔲				
Department of State.		1,00									
Changes require an additional filing.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				No par					
11. This moort must be supported						1					
11. This report must be executed on irrustee, this recort must be executed	on behalf of the	cornection by an auti	norized repres	entative. If the corpora	tlon is In	the hands	ofa	roceiver or			
and a political of perior v. I decisite	uno anim inst.	i hovo ovominosi	46/a 1.	usiee. Scluding anv accomp	anvina	schadulos	and				
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 Reprosentative											
Joseph Coelho Jr/)											
Signature of Authorized Representative											
AAIL TO:				<del></del>		<del>,</del>					

Division of Business Services 148 W. River Street, Providence, Rhode Island 02804-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov