

FILED

APR 15 2024



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.

BY 22346
FOR
RECORD ONLY

1. Entity ID Number 000007499		2. Exact name of the Corporation Safeway Auto Sales, Inc.	
3. Principal Office Address 61 Gooding Avenue		City Bristol	State RI
		Zip 02809	
4. NAICS Code 441110 - Sale of New C	6. Brief description of the character of business conducted in Rhode Island Sale of used and new motor vehicles		
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 Joseph Coelho, Jr.		Vice-President Name Celeste Coelho	
Street Address P.O. Box 210, 3 Wendy Drive		Street Address P.O. Box 210, 3 Wendy Drive	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Secretary Name Ryan M. Coelho		Treasurer Name Stephen J. Coelho	
Street Address 16 Lugent Lane		Street Address 3 Wendy Drive	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph Coelho, Jr.		Director Name Celeste Coelho	
Street Address P.O. Box 210, 3 Wendy Drive		Street Address P.O. Box 210, 3 Wendy Drive	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1,000	Common
			No par
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 Joseph Coelho, Jr.		Date 4/4/24	
Signature of Authorized Representative			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2616
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023