RI SOS Filing Number: 202452154890 Date: 4/23/2024 4:00:00



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.

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1. Entity ID Number	2. Exact name of the Corporation INDEPENDENT AUTO SALES INC.							
84206	INDELE	NDENT AUT	O SALES	INC.				
3. Principal Office Address			City		State	Zip		
379 Roosevelt Avenue			Pawtucke	et	RI	02860		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
441120	Automobile Sales							
5. State of Incorporation	]							
RI	Ì					•		
7. List ALL officers (names and add	resses)		_	Check t	he box to ir	ndicate an attachment		
President Name Thomas P. Dunn			Vice-President Name Thomas P. Dunn					
Street Address 379 Roosevelt Avenue			Street Address 379 Roosevelt Avenue					
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	City Pawtucket		State RI	<sup>Z<sub>ip</sub></sup> 02860		
Secretary Name Thomas P. Dunn	Treasurer Name Thomas P. Dunn							
Street Address 379 Roosevelt Avenue			Street Address 379 Roosevelt Avenue					
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	City Pawtucket		State RI	<sup>Zip</sup> 02860		
8. List ALL directors (names and addresses)  Check the box to indicate an attachment [								
Director Name Thomas P. Dunn	Director Name None							
Street Address 379 Roosevelt Ave	Street Address							
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	City		State	Ζιρ		
Director Name None	Director Name None							
Street Address	Street Address							
City	State	Zip	City	· <del>-</del>	State	Zip		
9. Shares Authorized		10. Shares Issued NUMBER OF SHARES				ndicate an attachment  PAR VALUE		
This information is currently of record in the Department of State.		600		CLASS/SERIES  Common		No Par Value		
Changes require an additional filing,		-			······			
11. This report must be executed or	n behalf of the c	orporation by an a	uthorized repres	entative. If the corpor	ation is in t	the hands of a receiver or		
trustee, this report must be execute	d on behalf of the	he corporation by t	he receiver or tr	ustee.				
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 Date								
Thomas P. Dunn								
Signature of Authorized Representative								
MAIL TO:		<del>*************************************</del>	مرا					

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov