



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

APR 23 2024

BY *[Signature]*

1. Entity ID Number 000053837		2. Exact name of the Corporation AutoVillageAutoSalesInc			
3. Principal Office Address 920TiogueAve			City Coventry	State RI	Zip 02816
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island Preowned-Vehicles-Retail			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name William,J,Wilkinson,JR			Vice-President Name Same		
Street Address 49,KarenDr			Street Address		
City HopeValley	State RI	Zip 02832	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name William,J,Wilkinson,JR			Director Name		
Street Address 49KarenDr			Street Address		
City HopeValley	State RI	Zip 02832	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	CNP	0	
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 Gail,S,Bowry				Date 02/24/24	
Signature of Authorized Representative <i>Gail S Bowry</i>					

MAIL TO:

Division of Business Services
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