



State of Rhode Island  
Department of State - Business Services Division

REC'D: RIDOS BSD  
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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.

|   |   |
|---|---|
| 1. Entity ID Number<br><b>001714887</b> | 2. Exact name of the Corporation<br><b>DIB'S AUTO SALES, INC.</b> |
|---|---|

|   |                          |                    |                     |
|---|--------------------------|--------------------|---------------------|
| 3. Principal Office Address<br><b>450 Bullocks Point Avenue</b> | City<br><b>Riverside</b> | State<br><b>RI</b> | Zip<br><b>02915</b> |
|---|--------------------------|--------------------|---------------------|

|  |   |
|--|---|
| 4. NAICS Code<br><b>441120</b>                   | 6. Brief description of the character of business conducted in Rhode Island<br><b>Foreign and domestic auto sales of pre-owned vehicles</b> |
| 5. State of Incorporation<br><b>Rhode Island</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>NaJib Dib</b>  |                 |                  | Vice-President Name <b>Elias F. Dib</b>          |                 |                  |
| Street Address <b>9 Carolina Avenue</b>  |                 |                  | Street Address <b>1096 Bullocks Point Avenue</b> |                 |                  |
| City <b>Riverside</b>  | State <b>RI</b> | Zip <b>02915</b> | City <b>Riverside</b>                            | State <b>RI</b> | Zip <b>02915</b> |
| Secretary Name <b>Salam Dib</b>  |                 |                  | Treasurer Name <b>Natalia Dib</b>                |                 |                  |
| Street Address <b>9 Carloina Avenue</b>  |                 |                  | Street Address <b>12 Josal Drive</b>             |                 |                  |
| City <b>Riverside</b>  | State <b>RI</b> | Zip <b>02915</b> | City <b>Barrington</b>                           | State <b>RI</b> | Zip <b>02806</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. | NUMBER OF SHARES  | CLASS/SERIES |
| Changes require an additional filing.                               | 500   | 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<br><b>Najib Dib</b> | Date<br><b>4-30-24</b> |
|---|------------------------|

|  |              |
|--|--------------|
| Signature of Authorized Representative<br> | <b>FILED</b> |
|--|--------------|

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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