



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 001714887	2. Exact name of the Corporation DIB'S AUTO SALES, INC.
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3. Principal Office Address 450 Bullocks Point Avenue	City Riverside	State RI	Zip 02915
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4. NAICS Code 441120	6. Brief description of the character of business conducted in Rhode Island Foreign and domestic auto sales of pre-owned 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 NaJib Dib			Vice-President Name Elias F. Dib		
Street Address 9 Carolina Avenue			Street Address 1096 Bullocks Point Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name Salam Dib			Treasurer Name Natalia Dib		
Street Address 9 Carloina Avenue			Street Address 12 Josal Drive		
City Riverside	State RI	Zip 02915	City Barrington	State RI	Zip 02806

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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 Najib Dib	Date 4-30-24
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Signature of Authorized Representative 	FILED
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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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