



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.

MAY 01 2024
5641

1. Entity ID Number 001700854		2. Exact name of the Corporation Premier Automotive Sales, Inc.			
3. Principal Office Address 375 Miantonomo Road		City Warwick		State RI	Zip 02888
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island Purchase and sale of 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 James J Hallenbeck			Vice-President Name Kathleen A Hallenbeck		
Street Address 14 Steere Road			Street Address 14 Steere Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Kathleen A Hallenbeck			Treasurer Name James J Hallenbeck		
Street Address 14 Steere Road			Street Address 14 Steere Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James J Hallenbeck			Director Name Kathleen A Hallenbeck		
Street Address 14 Steere Road			Street Address 14 Steere Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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
			500		CNP
			PAR VALUE		0.0
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 James J. Hallenbeck					Date 2/24/24
Signature of Authorized Representative					

MAIL TO
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov