



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**  
**STAMP**  
**MAY 03 2024**  
**BY 3505 DS**

1. Entity ID Number <b>132273</b>		2. Exact name of the Corporation <b>Westerly Auto Sales, Inc.</b>			
3. Principal Office Address <b>74 School Street</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
4. NAICS Code <b>423110</b>		6. Brief description of the character of business conducted in Rhode Island <b>The sale of automobiles at wholesale and retail.</b>			
5. State of Incorporation <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>Stiles M. Gilmore, IV</b>			Vice-President Name <b>Stiles M. Gilmore, IV</b>		
Street Address <b>74 School Street</b>			Street Address <b>74 School Street</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>Esta Kieon</b>			Treasurer Name <b>Laura Scalise</b>		
Street Address <b>74 School Street</b>			Street Address <b>74 School Street</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</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					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>Common</b>	<b>No Par Value</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Stiles M. Gilmore, IV</b>				Date <b>4-24-24</b>	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services  
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