



State of Rhode Island
Department of State - Business Services Division

MAY 07 2024
1915 STAMP

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 000056131		2. Exact name of the Corporation ANDERSON AUTOMOTIVE, INC.			
3. Principal Office Address 272 West Exchange Street, Suite 001		City Providence		State RI	Zip 02903
4. NAICS Code 423120		6. Brief description of the character of business conducted in Rhode Island The sale at wholesale and retail of automotive parts, accessories and supplies together auto repair and reconditioning.			
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 Dennis Anderson			Vice-President Name Dennis Anderson		
Street Address 16 Crossing Court			Street Address 16 Crossing Court		
City Warwick		State RI	Zip 02888	City Warwick	
State RI		Zip 02888	State RI		Zip 02888
Secretary Name Dennis Anderson			Treasurer Name Dennis Anderson		
Street Address 16 Crossing Court			Street Address 16 Crossing Court		
City Warwick		State RI	Zip 02888	City Warwick	
State RI		Zip 02888	State RI		Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dennis Anderson			Director Name		
Street Address 16 Crossing Court			Street Address		
City Warwick		State RI	Zip 02888	City	
State		Zip	State		Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	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
		100.00	CNP		0.0000
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 Dennis Anderson					Date 4/29/24
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov