

State of Rhode Island
Department of State - Business Services Division

REC'D RIDD05 BSD
24 OCT 3 AM 9:38:07

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 000077064	2. Exact name of the Corporation 1ST STOP AUTOMOTIVE INC		
3. Principal Office Address 624 YORK AVENUE		City PAWTUCKET	State RI
		Zip 02861	
4. NAICS Code 811110	6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE REPAIRS, ACCESSORIES, INSTALLATIONS, SALES & SERVICE, VIDEOS, RENTALS, SALES & SERVICE		
5. State of Incorporation RI			

7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name CHARLES AUGENTI			Vice-President Name HENRY TURNER		
Street Address 30 BELLMORE DRIVE			Street Address 32 BALCH STREET		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name CHARLES AUGENTI			Treasurer Name HENRY TURNER		
Street Address 30 BELLMORE DRIVE			Street Address 32 BALCH STREET		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861

8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name CHARLES AUGENTI			Director Name HENRY TURNER		
Street Address 30 BELLMORE DRIVE			Street Address 32 BALCH STREET		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
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	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		1000	CNP
		PAR VALUE	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 	Date 10.3.24
Signature of Authorized Representative HENRY TURNER	

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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