



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D  
24 DEC 16 PM 3:14:17  
TAMP  
FOR  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number 1663019		2. Exact name of the Corporation Gold Star Auto Sales Inc.												
3. Principal Office Address 53 GREENVILLE AVENUE			City JOHNSTON	State RI	Zip 02919									
4. NAICS Code 423120		6. Brief description of the character of business conducted in Rhode Island USED AUTO SALES												
5. State of Incorporation RI														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
President Name DENNIS GOLBERGER			Vice-President Name											
Street Address 53 GREENVILLE AVENUE			Street Address											
City JOHNSTON	State RI	Zip 02919	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td></td> <td>\$1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000		\$1.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000		\$1.00												
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 GOLBERGER					Date 12-16-24									
Signature of Authorized Representative														

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

DEC 16 2024  
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CORP 2024 Revised 12/2023