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SOS STATE

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.

1. Entity ID Number	2. Exact name of the Corporation
000067221	Automed Auto Sales Inc

3. Principal Office Address	City	State	Zip
15 Aster Street	West Warwick	RI	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
441120	Purchasing, Holding and Selling of Motor Vehicles
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John Deware			Vice-President Name: Owen Lillibridge		
Street Address: 1 Reise Drive			Street Address: 111 West Logbridge Rd		
City: Hope Valley	State: RI	Zip: 02832	City: Coventry	State: RI	Zip: 02818
Secretary Name: Marilyn P Deware			Treasurer Name: John Deware		
Street Address: 1 Reise Drive			Street Address: 1 Reise Drive		
City: Hope Valley	State: RI	Zip: 02832	City: Hope Valley	State: RI	Zip: 02832

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: John Deware			Director Name		
Street Address: 1 Reise Drive			Street Address		
City: Hope Valley	State: RI	Zip: 02832	City	State	Zip
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	Common	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.

FILED
JAN 17 2025
BY H794T

Name of Authorized Representative	Date
John Deware	01/15/2025
Signature of Authorized Representative	

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

FORM 630- Revised: 12/2023