



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.

FILED

JAN 23 2025

BY 2802

1. Entity ID Number 000053837		2. Exact name of the Corporation AUTO VILLAGE AUTO SALES INC												
3. Principal Office Address 920 TIOGUE AVE			City COVENTRY	State RI	Zip 02816									
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island RETAIL PREOWNED VEHICLES												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name WILLIAM J. WILKINSON JR			Vice-President Name SAME											
Street Address 49 KAREN DR			Street Address											
City HOPE VALLEY	State RI	Zip 02832	City	State	Zip									
Secretary Name SAME			Treasurer Name SAME											
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 WILLIAM J. WILKINSON JR			Director Name											
Street Address 49 KAREN DR			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 <input type="checkbox"/>												
This information is currently of record in the Department of State. 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>100</td> <td>CNP</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	0			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	CNP	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 GAIL S BOWRY				Date 1-18-25										
Signature of Authorized Representative <i>Gail S Bowry</i>														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov