



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 STAMP
FEB 03 2025
BY 36379
AA

1. Entity ID Number 000484949		2. Exact name of the Corporation VALENTI SUBARU, INC.			
3. Principal Office Address 4 Langworthy Road			City Westerly	State RI	Zip 02891
4. NAICS Code 441110		6. Brief description of the character of business conducted in Rhode Island The sale, leasing and/or trade of motor vehicles			
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 Robert A. Valenti			Vice-President Name Jean W. Morrow		
Street Address 4 Langworthy Road			Street Address 4 Langworthy Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Beth V. Goodwin			Treasurer Name Cheryl V. Quirk		
Street Address 4 Langworthy Road			Street Address 4 Langworthy Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 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 OF SHARES		
			PAR VALUE		
			100		
			Common		
			no par		
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 1-28-25
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