RI SOS Filing Number: 202564532700 Date: 2/5/2025 4:00:00 PM

	State of Rhode Island  Department of State - Business Services Division					FILED		
Annual Report for the year: Corporation		FEB 0 5 2025						
→ Filing period: February 1 → Filing Fee: \$50.00				BY	1	44,		
Penalty: Additional \$25.00  1. Entity ID Number		filed by May 31. of the Corporation			<u> </u>	1/1		
58785		A & A Auto Sales, Inc.						
3. Principal Office Address 2740 Hartford Avenue			City Johnste		State RI	<sup>Zip</sup> 02919		
4. NAICS Code 441120	6. Brief description	on of the characte	er of business	s conducted in Rhode Isl	and			
5. State of Incorporation Rhode Island	Purchase, r	Purchase, retail and wholesale of used cars.						
7. List ALL officers (names and ad	ddresses)			Check the box	x to indicate	e an attachment 🔲		
President Name Frank A. Fraraccio			Vice-Presid	Vice-President Name Frank A. Fraraccio				
Street Address 338 Natick Ave			Street Addr	Street Address 338 Natick Avenue				
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02921	City Cran		State RI	<sup>Zip</sup> 02921		
Secretary Name Frank A. Franc				Treasurer Name Frank A. Fraraccio				
Street Address 338 Natick Ave			Street Addr	ress 338 Natick Ave				
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02921	<sup>City</sup> Crar	nston	State RI	<sup>Z</sup> i <sub>0</sub> 2921		
8. List ALL directors (names and a	addresses)		Director Nar		x to indicate	e an attachment 🔲		
Director Name Frank A. Fraraccio								
Street Address 338 Natick Ave			Street Addre	ess				
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02921	City	State		Zip		
Director Name	Director Name			ime	•			
Street Address			Street Addr	Street Address				
City	State	Zip	City		State	Zip		
Shares Authorized     This information is currently of reco	and in the	10. Shares Issu	SHARES	Check the bo	x to indicat	e an attachment  PAR VALUE		
Department of State.	)ru III ure	600		Common		No Par		
Changes require an additional filing	<b>a</b> -							
11. This report must be executed o					ation is in th	ne hands of a re-		
ceiver or trustee, this report must Under penalty of perjury, I declar statements, and that all statements	are and affirm that	t I have examined	d this report		panying sc	hedules and		
statements, and that all statements. Name of Authorized Representative	ive /	1		<del></del>	Date /	/		
Frank A. Fraraccio	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	A. /49	nacc	_	11/2	·4/25_		
Signature of Authorized Represen	Mative	Tow	nacci	· ひ	<del>^~</del> /			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov