RI SOS Filing Number: 202565131470 Date: 2/11/2025 4:00:00 PM

State of Rhode Island Department of State - Business Services Division						FIELD 🚪 🧜		
Annual Report for the year: Corporation			FEB 11	20 25 1 /	\sim $ $			
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 13140								
manuspar, tate dated, me.								
3 Principal Office Address 2628 West Shore Road			City	_1	State	е	Zip	
			Warwi		RI		02889	
441110		Brief description of the character of business conducted in Rhode Island						
5 State of Incorporation	Auto Sales	Auto Sales						
Rhode Island								
List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Ainthony Link				Vice-President Name Anthony Lisi				
Anthony Lisi	Street Andress							
Street Address 2628 West Shore Road				Street Address 2628 West Shore Road				
^{Cly} Warwick	State RI	^{2_{ip}} 02889		wick	State	RI	^{Z_{1P}} 02889	
Secretary Name Anthony Lisi	Treasurer f	Treasurer Name Anthony Lisi						
Street Address 2628 West Sh	Street Add	Street Acdress 2628 West Shore Road						
^{© ty} Warwick	State RI	^{Z p} 02889		City Warwick		State RI Zp 02		
8 List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name	D rector Na	Director Name						
Street Address	Street Addi	Street Address						
City	State	Z.p	C ty		State	•	Zıp	
Director Name		Director Name						
Street Address			Street Address					
Cty	State	Zıp	City		State)	Zıp	
9 Shares Authorized			10 Shares Issued			ndicate an a	ttachment 🔲	
This information is currently of record in the Department of State.		500	NUMBER OF SHARES		ERIES			
Changes require an additional filing.		500		Common	No Par			
and the second and an additional and additional additional and additional addit	,							
11. This report must be executed	on behalf of the c	orporation by an ac	uthorized rep	presentative If the co	orporation	is in the han	ds of a re-	
ceiver 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.								
Anthony Lisin						Date 02/03/24		
Signature of Authorized Represen	ntat ve					•		

MAIL TO Division of Business Services

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

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