RI SOS Filing Number: 202571081370 Date: 4/21/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 21 2025
BY 11371

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.

1. Entity ID Number	2. Exact name of the Corporation			
11659	A & R AUTO SALES, INC			
3. Principal Office Address		City	State	Zip
1165 WARWICK AVENUE		WARWICK	RI	02888
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
441120	AUTOMOTIVE SALES			
5. State of Incorporation				
RHODE ISLAND				

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

President Name			Vice-President Name		
SALOMON W. KAMAND			PAMELA A. KAMAND		
Street Address			Street Address		
40 WINTHROP ROAD			40 WINTHROP ROAD		
City	State	Zip	City	State	Zip
WARWICK	RI	02888	WARWICK	RI	02888
Secretary Name			**Treasurer Name**		
SALOMON W. KAMAND			NICOLE MEDEIROS		
Street Address			Street Address		
40 WINTHROP ROAD			111 BENDARD AVENUE		
City	State	Zip	City	State	Zip
WARWICK	RI	02888	WARWICK	RI	02889

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

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	8000	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
SALOMON KAMAND	(X) 4-14-25
Signature of Authorized Representative	
(X)	

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