



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.

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| 1. Entity ID Number<br><b>80332</b>  |                    | 2. Exact name of the Corporation<br><b>A Wheels, Inc.</b>  |  |                    |                        |                  |              |           |             |               |                     |  |  |  |
|--|--------------------|--|--|--------------------|------------------------|------------------|--------------|-----------|-------------|---------------|---------------------|--|--|--|
| 3. Principal Office Address<br><b>648 Killingly Street</b>   |                    |  | City<br><b>Johnston</b>                        | State<br><b>RI</b> | Zip<br><b>02919</b>    |                  |              |           |             |               |                     |  |  |  |
| 4. NAICS Code<br><b>811111</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>The sale and repair of new and used automobiles.</b>   |  |                    |                        |                  |              |           |             |               |                     |  |  |  |
| 5. State of Incorporation<br><b>Rhode Island</b>   |                    |  |  |                    |                        |                  |              |           |             |               |                     |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |  |                    |                        |                  |              |           |             |               |                     |  |  |  |
| President Name<br><b>John J. Gosselin</b>  |                    |  | Vice-President Name<br><b>John J. Gosselin</b> |                    |                        |                  |              |           |             |               |                     |  |  |  |
| Street Address<br><b>648 Killingly Street</b>  |                    |  | Street Address<br><b>648 Killingly Street</b>  |                    |                        |                  |              |           |             |               |                     |  |  |  |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>  | City<br><b>Johnston</b>                        | State<br><b>RI</b> | Zip<br><b>02919</b>    |                  |              |           |             |               |                     |  |  |  |
| Secretary Name<br><b>John J. Gosselin</b>  |                    |  | Treasurer Name<br><b>John J. Gosselin</b>      |                    |                        |                  |              |           |             |               |                     |  |  |  |
| Street Address<br><b>same as above</b>   |                    |  | Street Address<br><b>same as above</b>         |                    |                        |                  |              |           |             |               |                     |  |  |  |
| City   | State              | Zip  | City   | State              | Zip                    |                  |              |           |             |               |                     |  |  |  |
|  |                    |  |  |                    |                        |                  |              |           |             |               |                     |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |  |                    |                        |                  |              |           |             |               |                     |  |  |  |
| Director Name<br><b>John J. Gosselin</b>   |                    |  | Director Name                                  |                    |                        |                  |              |           |             |               |                     |  |  |  |
| Street Address<br><b>same as above</b>   |                    |  | 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |                    |                        |                  |              |           |             |               |                     |  |  |  |
| This information is currently of record in the Department of State.<br><br>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><b>1000</b></td> <td><b>common</b></td> <td><b>no par value</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |  |                    |                        | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>1000</b> | <b>common</b> | <b>no par value</b> |  |  |  |
|  |                    | NUMBER OF SHARES   | CLASS/SERIES                                   | PAR VALUE          |                        |                  |              |           |             |               |                     |  |  |  |
| <b>1000</b>  | <b>common</b>      | <b>no par value</b>  |  |                    |                        |                  |              |           |             |               |                     |  |  |  |
|  |                    |  |  |                    |                        |                  |              |           |             |               |                     |  |  |  |
|  |                    |  |  |                    |                        |                  |              |           |             |               |                     |  |  |  |
| 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.<br><b>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.</b> |                    |  |  |                    |                        |                  |              |           |             |               |                     |  |  |  |
| Name of Authorized Representative<br><b>John J. Gosselin, President</b>  |                    |  |  |                    | Date<br><b>4/15/25</b> |                  |              |           |             |               |                     |  |  |  |
| Signature of Authorized Representative<br>   |                    |  |  |                    |                        |                  |              |           |             |               |                     |  |  |  |

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BY **0315 AA**

MAIL TO:

Division of Business Services

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