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State of Rhode Island
Department of State - Business Services Division

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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		
000056131	ANDERSON AUTOMOTIVE, INC.		
3. Principal Office Address	City	State	Zip
272 West Exchange Street, Suite 001	Providence	RI	02903
4. NAICS Code: 423120	6. Brief description of the character of business conducted in Rhode Island: The sale at wholesale and retail of automotive parts, accessories and supplies together auto repair and reconditioning.		
5. State of Incorporation: Rhode Island			

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

President Name: Dennis Anderson			Vice-President Name: Dennis Anderson		
Street Address: 16 Crossing Court			Street Address: 16 Crossing Court		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888
Secretary Name: Dennis Anderson			Treasurer Name: Dennis Anderson		
Street Address: 16 Crossing Court			Street Address: 16 Crossing Court		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888

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

Director Name: Dennis Anderson			Director Name		
Street Address: 16 Crossing Court			Street Address		
City: Warwick	State: RI	Zip: 02888	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. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100.00	CNP	0.0000

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
Dennis Anderson	
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

FORM 630- Revised: 12/2023