



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.

STAMP

FOR

 RECEIVED
 R.I. DEPT. OF STA.
 BUS SVCS DIV.

2025 MAY 30 P 3:11

1. Entity ID Number 000117581		2. Exact name of the Corporation Ziggy's Auto Sales, Inc.			
3. Principal Office Address 3961 Quaker Lane			City North Kingstown		State RI
			Zip 02852		
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island Selling and repairing used cars, trucks and body work.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Benjamin D. Mann			Vice-President Name Richard A. Mann		
Street Address 298 High Street			Street Address 194 Potter Hill Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Richard A. Mann			Treasurer Name Benjamin D. Mann		
Street Address 194 Potter Hill Road			Street Address 298 High Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			Common		
			No Par Value		
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 Benjamin D. Mann					Date 5/20/25
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

 FILED
 MAY 30 2025
 BY 17488
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