



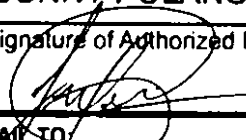
State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSD
25 JUN 9 PM 12:58:22

1. Entity ID Number 550857		2. Exact name of the Corporation CHIQUI AUTO SALES INC		
3. Principal Office Address 601 LONSDALE AVENUE		City CENTRAL FALLS	State RI	Zip 02863
4. NAICS Code 441120	6. Brief description of the character of business conducted in Rhode Island SALES USED CAR AND CAR REPAIR			
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 SONNY POLANCO		Vice-President Name KIMBERLY POLANCO		
Street Address 1626 MENDON ROAD		Street Address 1363 SMITH STREET APT1		
City CUMBERLAND	State RI	Zip 02864	City NORTH PROVIDENCE	State RI
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES 500	CLASS/SERIES STK	PAR VALUE 0.0100
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 SONNY POLANCO			Date 06022025	
Signature of Authorized Representative 				

JUN 9 2025

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