RI SOS Filing Number: 202329210300 Date: 2/23/2023 4:00:00 PM

**Department of State - Business Services Division** 

Annual Report for the year: 2023			FEB 23, 2023 BY 43874				
Corporation							
<ul> <li>→ Filing period: February 1 - May 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by May 31.</li> </ul>							
1. Entity ID Number 1152		of the Corporation		_	-	0)	
3. Principal Office Address 623-625 Broad Street			City Cumberla	City Cumberland		Zip 02865	
4. NAICS Code 42311  5. State of Incorporation Rhode Island		6. Brief description of the character of business conducted in Rhode Island WHOLESALE/RETAIL SALES OF PREOWNED AUTOS AND TRUCKS					
7. List ALL officers (names ar	Check the box to indicate an attachment						
President Name Frederick T. Albert, Sr.			Vice-President Name Vacant				
Street Address 9 Hayfield Lane			Street Address				
<sup>City</sup> Cumberland	State RI	<sup>Zip</sup> 02864	City		State	Zip	
Secretary Name Frederick T. Albert, Sr.			Treasurer Name Frederick T. Albert, Sr.				
Street Address 9 Hayfield Lane			Street Address 9 Hayfield Lane				
<sup>City</sup> Cumberland	State RI	<sup>Zip</sup> 02864	City Cumberland		State RI	<sup>Zip</sup> 02864	
8. List ALL directors (names	and addresses)				eck the box to ir	ndicate an attachment	
	. Albert, Sr.		Director Name				
Street Address 9 Hayfield l	_ane		Street Address	S			
<sup>City</sup> Cumberland	State RI	<sup>Zip</sup> 02864	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	.Zip	City	· · · · · · · · · · · · · · · · · · ·	State	Zip	
9. Shares Authorized		10. Shares Iss				ndicate an attachment	
This information is currently of record in the Department of State.		100	FSHARES	·	CLASS/SERIES  COMMON NO		
Changes require an additional filing.		100		COMINIC	-	NO PAR	
11. This report must be exectrustee, this report must be e Under penalty of perjury, I	xecuted on behalf of declare and affirm	the corporation by that I have examin	the receiver or to ed this report, I	rustee.			
statements, and that all sta Name of Authorized Represe	nd correct.	Date					
FREDERICK T. ALBERT, SR.					2/14/2023		
Signature of Authorized Rep	resentative		× /				

MAIL TO:

Division of Business Services

State of Rhode Island

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov