

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.304

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(codd)) is

subject to a penalty fee of \$25.00.			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		www (10.1.0.1 /-1.2-1.501(1.0)	
1. Corporate ID No. 41223	Countrysic	2. Name of Corporation Countryside Motors, Inc.				
3. Street Address Principal Business Office 166 Central Avenue			Seekonk	State MA	Zip 02771	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND						
6. Brief Description of the Charact Automobile dealership	ler of Business Condu	cted in Rhode Island				
7. NAMES AND ADDRESS: President Name	ES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) [ FILL IN	SPACES BEFORE USING	G ATTACHMENTS	
William McIlmail			Vice President Name None			
Street Address 20 River Street			Sireel Address			
City Rehoboth	State MA	<sup>Zip</sup> 02769	City	State	Zip	
Secretary Name Kathleen McIlmail			Treasurer Name William McIlmail			
Street Address 20 River Street			Street Address 20 River Street			
City Rehoboth	State MA	<sup>Zip</sup> 02769	City Rehoboth	State MA	Ζip 02769	
William McIlmail	ES OF THE DIRE	CTORS: ("X" BOX FOR ATT	TACHMENT) TELL I Director Name Kathleen McIlmail	IN SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address 20 River Street			Street Address 20 River Street			
Cuy	State	Zip	City	State	Zip	
Rehoboth  Director Name	MA	02769	Rehoboth  Director Name	MA	02769	
			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	·		10. SHARES ISSUEI	 D <i>("X" BOX FOR ATTAC</i> ECTION <u>MUST</u> BE COMPLETED	CHMENT)	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			400	common	no par	
This report must be execute	d on behalf of th	e corporation by an authorize	d representative. If the	corporation is in the hand	ls of a receiver or the state	
his report must be executed	on behalf of the	corporation by the receiver of	or trustee.	corporation is in the halld	is of a receiver or trust	

FILED
File Date JAN 2 8 2009
Check No.
BY 1743
FOR SECRETARY OF STATE USE ONLY

including any accompanying s	clare and affirm that I have examined this report, ichedules and statements, and that all statements
contained herein are true and	1/18/09
PRESIDENT Print or Type Name	WILLIAM HE ILMAN
PRESIDENT Title	