



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>9428</u>		2. Exact name of the Corporation <u>DODGE CITY, INC</u>			
3. Principal office address <u>9 POST ROAD</u>			City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>
4. Business Phone No. <u>401-596-2077</u>			5. State of Incorporation <u>RHODE ISLAND</u>		
6. Brief description of the character of business conducted in Rhode Island <u>NEW & USED VEHICLES SALES, SERVICE & PARTS</u>					
7. ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name <u>ROBERT S. CAPALBO</u>			Vice-President Name <u>SYLVESTER N. CAPALBO</u>		
Street Address <u>838 GREEN HILL BEACH ROAD</u>			Street Address <u>7 WARD AVE</u>		
City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>
Secretary Name <u>DARIA P. CAPALBO</u>			Treasurer Name <u>ROBERT S. CAPALBO</u>		
Street Address <u>835 GREEN HILL BEACH ROAD</u>			Street Address <u>838 GREEN HILL BEACH ROAD</u>		
City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>
8. ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name <u>NONE</u>			Director Name		
Street Address <u>NONE</u>			Street Address		
City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>	City	State	Zip
Director Name <u>NONE</u>			Director Name		
Street Address <u>NONE</u>			Street Address		
City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>	City	State	Zip
9. SHARES AUTHORIZED					
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.					
10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<u>100</u>		<u>NO PAR</u>	

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.

FILED

File Date: _____
 Area No: _____
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 2/23/12
 Signature of Authorized Representative Date
ROBERT S. CAPALBO, PRES.
 Print or Type Name of Authorized Representative