



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 2013

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. 98388 | 2. Exact name of the Corporation westminster Motors LTD | | |
| 3. Principal office address 550 Valley ST | City Prov | State RI | Zip 02908 |
| 4. Business Phone No. (401) 277-3030 | 5. State of Incorporation RI | | |
| 6. Brief description of the character of business conducted in Rhode Island | | | |

| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) | | | | | |
|---|--------------------|---------------------|---|--------------------|---------------------|
| President Name Mery y. Lopez | | | Vice-President Name Mery y. Lopez | | |
| Street Address 59 Redwing ST | | | Street Address 59 Redwing ST | | |
| City Prov | State RI | Zip 02907 | City Prov | State RI | Zip 02907 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) | | | | | |
|--|-------|-----|----------------|-------|-----|
| 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 (X BOX FOR ATTACHMENT) | | |
|--|--|---------------|---------------|
| 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 |
| | 100 | Common | No par |

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.

File Date
 Check No
 By
 FOR SECRETARY OF STATE USE ONLY

FILED
JUN 21 2013
BY DL 199961

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 of Authorized Representative: Mery y. Lopez Date: 6/21/13
 Print or Type Name of Authorized Representative: Mery y. Lopez

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
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