



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 **2014**

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. <b>41223</b>		2. Exact name of the Corporation <b>Countryside Motors, Inc.</b>			
3. Principal office address <b>166 Central Avenue</b>		City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	
4. Business Phone No. <b>508-761-9680</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Automobile dealership</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>William McIlmail</b>			Vice-President Name		
Street Address <b>52 Third Street</b>			Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
Secretary Name <b>Kathleen McIlmail</b>			Treasurer Name <b>William McIlmail</b>		
Street Address <b>52 Third Street</b>			Street Address <b>52 Third Street</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>William McIlmail</b>			Director Name <b>Kathleen McIlmail</b>		
Street Address <b>52 Third Street</b>			Street Address <b>52 Third Street</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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

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Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**JAN 21 2014**

**49-215210**

**A.A.**

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.

*William McIlmail* 1/10/14  
 Signature of Authorized Representative Date

**William McIlmail**  
 Print or Type Name of Authorized Representative